FORM 4 Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. *See*

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

Name and Address of Reporting Person* CRAWFORD EDWARD F					2. Issuer Name and Ticker or Trading Symbol PARK OHIO HOLDINGS CORP [PKOH]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)		irst) (Middle) /D.			3. Date of Earliest Transaction (Month/Day/Year) 03/08/2016									X Director X 10% Owner X Officer (give title Other (specify below) CEO, COB				
(Street) CLEVELAND OH 44124					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(City) (State) (Zip)													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
				Table I - Non	-Deriva	tive Se	curiti	es Acq	uired, Dis	pose	ed of, or Bei	neficiall	y Ow	ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				YYear) Exec		Deemed cution Date, if onth/Day/Year)		Code (Instr.		4. Securities Acquired Disposed Of (D) (Inst and 5)			r. 3, 4 Secui		ficially ed	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)		rice	Repoi Frans		(Instr. 4)	(Instr. 4)
Common S				03/08/201	6				F		6,635	D	\$3	34.78	1,	452,119	D	
Common S	tock ⁽¹⁾			03/08/201	6				A		82,500	A		\$0	1,	534,619	D	
Common S	tock ⁽²⁾														2	22,500	I	L'Accent Provence
Common Stock ⁽²⁾															11,700	I	Crawford Capital Company	
Common Stock ⁽²⁾														4	41,401	I	First Francis Company, Inc.	
Common Stock ⁽³⁾															9,500	I	Spouse	
Common Stock ⁽⁴⁾													19,219		I	Individual Account Retirement Plan		
				Table II - D							of, or Bene ertible securi		Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	Exec any	Deemed cution Date, if nth/Day/Year)	Code	4. Transaction Code		vative urities uired or cosed (i) tr. 3, dd 5)	6. Date Exerci and Expiratio (Month/Day/		on Date A Year) S I I	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Deriv Secur (Insti	vative rity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirec (I) (Instr.	Beneficial
					Code	v	(A)	(D)	Date Exercisab		Expiration Date		moun or umber of hares					

Explanation of Responses:

- 1. Represents performance-based restricted stock that will vest over a three-year period if a specified performance goal is achieved.
- 2. The reporting person is a shareholder of the corporation that owns the reported securities and disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.
- 3. The reporting person disclaims beneficial ownership of all securities held by his wife and this report shall not be deemed an admission that the reporting person is the beneficial owner of those shares for purposes of Section 16 for any other purpose.
- 4. Number of shares reported in Individual Account Retirement Plan as of December 31, 2015.

Remarks:

Linda Kold, Attorney-In-Fact for Edward F. Crawford

03/09/2016

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.