FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Name and Address of Reporting Person*     Hanna Howard W IV			<ol><li>Date of Even Requiring State (Month/Day/Ye.</li></ol>	ement	3. Issuer Name and Ticker or Trading Symbol PARK OHIO HOLDINGS CORP [ PKOH ]						
(Last)	(First)	(Middle)	09/13/2018			Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
6065 PARKLAND BLVD.				X	Officer (give title	10% Ow Other (sp	. 16	Individual or Joint/Group Filing (Check opplicable Line)			
(Street)	D OH	44124	_			below)	below)		X Formfiled by One Reporting Perso Formfiled by More than One Reporting Person		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)			1-	2. Amount of Securities Beneficially Owned (Instr. 4) Form: Direct (D) or Indirect (I) (Instr. 5)		ect (D) O	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Sec Underlying Derivative Secu (Instr. 4)		urity Conversi		se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Expiration Exercisable Date		Title	<b>)</b>	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

<u>Linda Kold, Attorney-in-Fact</u> for Howard W. Hanna, IV

09/21/2018

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).