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

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hours per response:

1. 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) 23000 EUC	(I CLID AVEN	First) (Middle) UE			3. Date of Earliest Transaction (Month/Day/Year) 04/01/2004								X	Officer (give title Other (specify				
(Street) EUCLID	,				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(City)	City) (State) (Zip)											X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
				Table I - Non	-Derivati	ve Se	curiti	es Acq	uired, Dis	spose	ed of, or B	enefi	icially O	wned				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day)	Year) Execut				3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Inst and 5)			r. 3, 4 Secu Bend Own			6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amoun	ıt (	(A) or (D)	Price			(Instr. 4)	(Instr. 4)
Common S				04/01/200	04				G		100,000	)	D	\$0.00	2,	,125,000	D	
Common S	tock <sup>(1)</sup>			04/01/200	04				S		100,000	)	D	\$6.23	2.	,025,000	D	
Common S	tock <sup>(2)</sup>															41,401	I	First Francis Company, Inc.
Common S	tock <sup>(2)</sup>															17,000	I	EFC Properties, Inc.
Common S	tock <sup>(2)</sup>															11,700	I	Crawford Container Company
Common S	tock <sup>(2)</sup>															22,500	I	L'Accent Provence
Common Stock <sup>(3)</sup>											$\perp$				9,500	I	Spouse	
Common Stock <sup>(4)</sup>																13,235	I	Individual Account Retirment Plan
				Table II - D							of, or Ben ertible secu			ied				
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		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis and Expiration (Month/Day/Y		n Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec (In		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisal	ble F	Expiration Date	Title	Numb of					

## **Explanation of Responses:**

- 1. Transaction due to estate planning.
- 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
- 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 or for any other purpose.
- 4. Number of shares reported in Individual Account Retirement Plan as of April 2, 2004.

Edward F. Crawford

04/05/2004

\*\* 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.