FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

NITED STATES	SECURITIES AND	EXCHANGE	COMMISSIO
	Washington, D.O	C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

3235-0287 OMB Number: Estimated average burden hours per response: 0.5

OMB APPROVAL

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* <u>VILSACK ROBERT D</u>				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	(Fi	,	/liddle	)	3. Date of Earliest Tra 04/24/2006					action (Month/Day/Year)					below	er (give title v)	leneral	below)	(specify
(Street) CLEVELA (City)			4117 Zip)		4. If Amendment, Date of Original Filed (Month						Month/Day	/Year	)	Secretary & General Counsel  6. Individual or Joint/Group Filing (Check Applical Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					n
Table I - Nor  1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day)				Execution Date, if			3. Transact Code (In	ion	4. Securit	4. Securities Acquired Disposed Of (D) (Instr			Secur Benef Owne	icially d	(D) or		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	r 1 '	a) or (D)	Price			(Inst	r. 4)	(Instr. 4)
Common S	tock			04/24/200 Table II - D	erivative						of, or Benertible secu	eficial	lly Ow	\$19.81 ned		2,669		D	
Security or Exerciple (Instr. 3) Price of	Conversion or Exercise Price of Derivative	sion Date (Month/Day/Year) Excise (Month/Day/Year) (N	Exec any	Deemed cution Date, if nth/Day/Year)	4. Transaction Code		5.		6. Date Exercisand Expiration (Month/Day/Y		cisable on Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec (In:		I .	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	wnership orm: irect (D) r Indirect ) (Instr.	Beneficial
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numl of Shar	oer					

**Explanation of Responses:** 

Robert D. Vilsack

04/26/2006

\*\* 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.