SEC Form 4	Ļ																				
FORM 4				UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549												OMB APPROVAL					
□ Section 1	6. Form 4 or ns may contin		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 Number:3235-024Estimated average burdenhours per response:0.5					
	d Address of			2. Issue	2. Issuer Name and Ticker or Trading Symbol PARK OHIO HOLDINGS CORP [ PKOH ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						er	
(Last)	(F KLAND BOU	Middle)		3. Date of Earliest Transaction (Month/Day/Year)										X Director X 10% Owner X Officer (give title Other (spec below) President & COO							
(Street) CLEVELAND OH 44124 (City) (State) (Zip)					4. If Ar	. If Amendment, Date of Original Filed (Month/Day/Year)								Line	) KI	Form fi	Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting Perso				
(City)	(8	tate) (	Zip)	Table I - N	Doriv	ative	Sec	urities A	cau	uirad Dier	050	d of or I	Ronoficial		wnod	]	Form fi	led by More	e thar	one Repor	ting Person
1. Title of Security (Instr. 3)				2. Transacti Date (Month/Day			2A. Deemed Execution Date, if		if	3. f Transactio Code (Inst		4. Secur	ities Acq	ties Acquired (A Of (D) (Instr. 1		) or 5. Amo , 4 Securit Benefic Owned		es ially Following	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership
										Code	v	Amount (A) (D)			Pric			ted (1 action(s) 3 and 4)		tr. 4)	(Instr. 4)
Common Stock				12/01/2009					М		50,00	50,000 A		\$1.9	1	1,113,576			D		
Common Stock <sup>(1)</sup>															11,700			I	Crawford Capital Company		
Common Stock <sup>(1)</sup>															41,401			I	First Francis Company, Inc.		
				Table II ·						red, Dispos				Owi	ned						
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)			4. Transac Code	tion 5. Number of Derivative		ivative urities urited or posed D) str. 3, 4	6. Date Exerc Expiration D (Month/Day/		cisa ate	ble and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		str. 3	Derivativ Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e O Fo Ily Di or ; (1) 4)	10. Ownership Form: Direct (D) or Indirect (1) (Instr. 4)	Beneficial Ownership
					Code	v	(A)	(D)	Ех	Date xercisable	Ех	xpiration Date	Title	Nu	nount or imber of hares						
Employee Stock Option <sup>(2)</sup>	\$1.91	12/01/2009			М			5,000	11/	/30/2001 <sup>(3)</sup>	11	/30/2011	Commor Stock	5	,000	9	\$0	0		D	
Employee Stock Option <sup>(2)</sup>	\$1.91	12/01/2009			М			45,000	11/	/30/2002 <sup>(4)</sup>	11	/30/2012	Commor Stock	4	5,000	9	\$0	175,000	0	D	

## **Explanation of Responses:**

1. 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.

2. Right to buy

3. The options, which were replacement options, vested on the same schedule as the canceled options, meaning that the options were vested at the time of the grant on November 30, 2001.

4. The option vests in three (3) equal installments beginning on November 30, 2002.

Linda Kold, Attorney-In-Fact for	01/04/2010			
Matthew V. Crawford	01/04/2010			
** 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.