SARVER REED Form 4 January 21, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

Check this box if no longer subject to

Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL

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(Print or Type Responses)

1(b).

(Last)

1. Name and Address of Reporting Person * SARVER REED

(Middle)

PALL CORPORATION, 25 HARBOR PARK DR

(Street)

(First)

2. Issuer Name and Ticker or Trading

Symbol

PALL CORP [PLL]

3. Date of Earliest Transaction (Month/Day/Year)

01/19/2005

4. If Amendment, Date Original

Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to

Issuer

below)

(Check all applicable)

Director 10% Owner X_ Officer (give title Other (specify

below) Senior Vice President

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

PORT WASHINGTON, NY 11050 (City) (State) (Zip)

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) (Instr. 3)

Execution Date, if (Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

Code V Amount (D) Price

(A)

5. Amount of Securities Beneficially Owned Following Reported

(Instr. 3 and 4)

(T) Transaction(s)

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (Instr. 4)

(Instr. 4)

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

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 control number.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security

Conversion or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number Transaction of Derivative Expiration Date Code Securities

6. Date Exercisable and (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Options (Rights to Buy)	\$ 27	01/19/2005		A	1,625	01/19/2006	01/19/2012	Common Stock	1,625
Employee Stock Options (Rights to Buy)	\$ 27	01/19/2005		A	1,625	01/19/2007	01/19/2012	Common Stock	1,625
Employee Stock Options (Rights to Buy)	\$ 27	01/19/2005		A	1,625	01/19/2008	01/19/2012	Common Stock	1,625
Employee Stock Options (Rights to Buy)	\$ 27	01/19/2005		A	1,625	01/19/2009	01/19/2012	Common Stock	1,625
Restricted Stock Units	(1)	01/19/2005		A	4,500	01/19/2009	01/19/2009	Common Stock	4,500

Reporting Owners

Reporting Owner Name / Address	Relationships						
and the state of t	Director	10% Owner	Officer	Other			
SARVER REED PALL CORPORATION 25 HARBOR PARK DR PORT WASHINGTON, NY 11050			Senior Vice President				
Signatures							
Mary Ann Bartlett as Attorney-in-Fa Sarver	act for Re	ed	01/21/2005				

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**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- The Units will vest and become convertible into shares of Common Stock of the Issuer on a one-for-one basis on the date shown in

 Column 6 provided the Reporting Person is still employed by the Issuer or a subsidiary on that date. If employment terminates sooner, the Units will be forfeited unless termination of employment occurs because of death, disability, retirement, or termination of employment without cause, in any of which events the Units may vest in whole or in part.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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