FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0104			
Estimated average burden				
hours per response:	0.5			

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* Soroye Olumide			2. Date of Event Requiring Statement (Month/Day/Year) 08/09/2021	3. Issuer Name and Ticker or Trading Symbol Fortive Corp [FTV]				
(Last) (First) (Middle) 6920 SEAWAY BLVD			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) Other (specify below)		10% Owner Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) EVERETT	WA	98203			President & C	EO of IOS		vidual or Joint/Group Filing (Check able Line) Form filed by One Reporting Person
(City)	(State)	(Zip)						Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or	4. Nature of Indirect Beneficial Ownership (Instr. 5)
		Indirect (I) (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 an Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Un Derivative Security (Instr. 4)	Conversion or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Daniel B. Kim, as attorney-in-fact 08/09/2021

** 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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).

POWER OF ATTORNEY

Know all by these presents that the undersigned hereby constitutes and appoints Daniel B. Kim, signing singly, the undersigned's true and lawful attorney-in-fact to:

(1) execute for and on behalf of the undersigned, in the undersigned which may be necessary or desirable to complete and execute any such Form3, 4, or 5, complete and execute any such Form3, 4, or 5, complete and execute any such Form3, 4, or 5, complete and execute any such Form3, 4, or 5, complete and execute any such Form3, 4, or 5, complete and execute any such Form3, 4, or 5, complete and execute any such Form3, 4, or 5, complete and execute any such Form3, 4, or 5, complete and execute any such Form3, 4, or 6, complete and execute any such Form3, 4, or 6, complete and execute any such Form3, 4, or 6, complete and execute any such Form3, 4, or 6, complete and execute any such Form3, 4, and 5 between the undersigned attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Form3, 4, and 5 with respect to the undersigned's holdings of and true By: /s/ Olumide Soroye

Name: Olumide Soroye

Name: Olumide Soroye