FORM 4

### **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROV	Δ	V	O)	R	Р	Р	Α	ΛB	ЛC	(
------------	---	---	----	---	---	---	---	----	----	---

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* Simmons Edward Read			2. Issuer Name and Ticker or Trading Symbol Fortive Corp [ FTV ]	5. Relati (Check :	) to Issuer  10% Owner  Other (specify below)	
(Last) 6920 SEAWAY B	(First) LVD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/24/2021		SVP - Strateg	,
(Street) EVERETT	WA	98203	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	dual or Joint/Group Filing (Che Form filed by One Reporting Form filed by More than On	g Person
(City)	(State)	(Zip)			-	

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		ecution Date, any onth/Day/Year)  Transaction Code (Instr. 8)		Code (Instr.			Securities	or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Amount	(A) or (D)	Price	3 and 4)		(11150.4)

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)		Derivative Expiration Date Securities (Month/Day/Year)		xpiration Date Securities Underlying		xpiration Date Securities Underlying Derivative Security (Instr.		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Executive Deferred Incentive Program - Fortive Stock Fund <sup>(1)</sup>	(2)	09/24/2021		A	v	0.8		(3)	(3)	Common Stock	0.8	\$73.26	838.97	D	

#### Explanation of Responses:

- 1. The reported securities are notional dividend accruals on phantom shares in the Fortive stock fund (the "EDIP Stock Fund") under Fortive's Executive Deferred Incentive Program (the "EDIP"). The number of phantom shares accrued as a result of such notional dividend accruals is based on the closing price of the Issuer's common stock as reported on the NYSE on the date such dividend accruals are credited to the EDIP Stock Fund, which is the price shown in Table II, Column 8 above.
- 2. The notional shares convert on a one-to-one basis.
- 3. The Reporting Person immediately vests in 100% of each voluntary contribution to the EDIP Stock Fund. The Reporting Person will vest in all contributions to the EDIP Stock Fund by the Issuer as follows: 100% upon the earlier of the Reporting Person's death, or upon retirement following at least 5 years of service with the Issuer and reaching the age of 55, or, if earlier, one-tenth per year of participation following five years of participation, in each case in accordance with the EDIP. Upon termination of employment, the vested portion of the EDIP Stock Fund is settled in the Issuer's common stock.

### Remarks:

Daniel B. Kim, attorney-in-fact 09/28/2021

\*\* Signature of Reporting Person

Data

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

- $^{\star}$  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.