

Edgar Filing: NORDSON CORP - Form 5

NORDSON CORP

Form 5

November 26, 2002

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, D.C. 20549

FORM 5

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

() Check box if no longer subject to Section 16.

Form 4 or Form 5 obligations may continue. See Instructions 1(b).

(X) Form 3 Holdings Reported

(X) Form 4 Transactions Reported

1. Name and Address of Reporting Person

NORD, ERIC T.

28601 CLEMENS ROAD

WESTLAKE, OH 44145

U.S.A.

2. Issuer Name and Ticker or Trading Symbol

NORDSON CORPORATION

NDSN

3. IRS or Social Security Number of Reporting Person (Voluntary)

4. Statement for Month/Year

11/03/02

5. If Amendment, Date of Original (Month/Year)

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)

(X) Director (X) 10% Owner () Officer (give title below) () Other

(specify below)

7. Individual or Joint/Group Reporting (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

1. Title of Security	2. Transaction Date	3. Code	4. Securities Acquired (A) or Disposed of (D) Amount	5. Amount of Securities Beneficially Owned at End of Year
COMMON SHARES				1,535,232
COMMON SHARES				1,352,088 (1)
COMMON SHARES				481,320
(1) Reporting person disclaims beneficial ownership of these securities.				

Table II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Derivative Security	2. Conversion or Exercise Date	3. Transaction Date	4. Code	5. Number of Derivative Securities Acquired	6. Date Exercisable and Expiration Date	7. Title and Amount of Underlying Securities	8. Percentage of Total Ownership
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Certificate	No.		red(A) or Disposed of(D)	Date(Month/Day/Year)		Section
Derivative				Date Expiration		
Security			A/D	Exercise Date	Title and Number of Shares	
			Amount	able		

* STOCK UNITS ACCRUED THROUGH NORDSON'S DIRECTOR'S DEFERRED COMPENSATION PLAN
AS OF 11/3/02
AND HAVE ACCRUED ON A PERIODIC
BASIS.

SIGNATURE OF REPORTING PERSON

DATE _____

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