FLOWSERVE CORP

Form 4

February 20, 2007

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB 3235-0287

OMB APPROVAL

Number:

Expires:

January 31, 2005

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if no longer subject to Section 16. Form 4 or

Check this box

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * KLING LEWIS M | | | Symbol | 2. Issuer Name and Ticker or Trading Symbol FLOWSERVE CORP [FLS] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
|--|------------------------------------|---------------|---|--|-------|---|--------|---|--|--|---|--|
| (Last) (First) (Middle) 5215 N. O'CONNOR BLVD., SUITE 2300 | | (Month/I | 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2007 | | | | | (Check all applicable) _X_ Director 10% Owner _X_ Officer (give title Other (specify below) President and CEO | | | | |
| (Street) IRVING, TX 75039 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Tabl | le I - Non- | -D | erivative S | Securi | ities Acq | uired, Disposed o | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) Common Stock (\$1.25 par | 2. Transaction E (Month/Day/Yes | ar) Execution | emed on Date, if /Day/Year) | Code (Instr. 8) | tion) | 4. Securit (A) or Dis (Instr. 3, 4) Amount | sposed | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) The Lewis Mark Kling | |
| value per share) | | | | | | | | 52.13 | | | Trust | |
| Common Stock (\$1.25 par value per share) | | | | | | | | | 0 | D | | |
| Common Stock | | | | | | | | | 724.73 | I | 401(k) | |

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(\$1.25 par value per share)

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

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SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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. Transactio Code (Instr. 8) | 5. DiNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (Instr. | int of lying | 8. Price of Derivative Security (Instr. 5) | |
|---|---|--------------------------------------|---|--|---|---------------------|--------------------|---|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Relationships

Reporting Owners

| Reporting Owner Name / Address | | | | |
|--------------------------------|----------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |

KLING LEWIS M

5215 N. O'CONNOR BLVD., SUITE 2300 X President and CEO IRVING, TX 75039

Signatures

/s/ Tara D. Mackey, attorney in fact 02/20/2007

**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).

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.

Reporting Owners 2