FORM 4

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

Washington, D.C. 20549

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Last) 5215 N.	Name and Address of Reporting Person*  BLINN MARK A  ast) (First) (Middle)  215 N. O'CONNOR BLVD., SUITE 2300							2. Issuer Name and Ticker or Trading Symbol FLOWSERVE CORP [FLS]  3. Date of Earliest Transaction (Month/Day/Year) 02/15/2006  4. If Amendment, Date of Original Filed (Month/Day/Year)									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director			
(Street) IRVING (City)			75039 (Zip)											Line)	Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - N	Non-Deriv	/ative	Sec	uriti	es A	cquired, l	Disp	osed	of, or l	3enef	cially	/ Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				.	Execution Dat			3. Transact Code (In 8)	tion Dispos		urities Acquired ( sed Of (D) (Instr. :		S, 4 Secu Bene Owne		nount of rities ficially ed wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amoun	t (A	) or P	rice		rted action(s) 3 and 4)				
Common Stock (\$1.25 par value per share) 02/15/20				2006	006			A		10,0	10,000 A		48.17	56	5,500(1)	D				
		Ta	able II						uired, Dis						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date,	4. 5. Transaction Number			6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  Comparison of the following of t			and of es ing	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership				
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amor or Numl of Share	er						
Stock option (right-to- buy)	\$24.9								(2)	02/	16/2015	Commor Stock	14,0	00		14,000	D			
Stock option (right-to- buy)	\$27.97								(3)	04/	20/2015	Commor Stock	15,0	00		15,000	D			
Stock option	\$30.95								(4)	07/	13/2015	Commor	28,5	00		28,500	D			

## Explanation of Responses:

- 1. The reporting person previously reported grants by issuer of restricted common stock on Table II. None of the shares relating to these grants have vested. The reporting person will begin reporting grants on Table I. Accordingly, this amount reflects the total shares of restricted common stock previously granted to the reporting person. New grant represents 10,000 shares of restricted common stock issed under the Flowserve Corporation 2004 Stock Compensation Plan. All of these shares of restricted common stock vest February 15, 2009.
- 2. The option shares vest and become exercisable in three (3) equal annual installments commencing on February 16, 2006, February 16, 2007 and February 16, 2008, respectively.
- 3. The option shares vest and become exercisable in three (3) equal annual installments commencing on April 20, 2006, April 20, 2007 and April 20, 2008, respectively.
- 4. The option shares vest and become exercisable in three (3) equal annual installments commencing on July 14, 2006, July 14, 2007 and July 14, 2008, respectively.

/s/ Tara D. Mackey, by power of attorney 02/17/2006

\*\* Signature of Reporting Person Date

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

- \* 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	m displays a currently valid OMB Number.