FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|---------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | |
| 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).

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

| 1. Name and Address of Reporting Person* <u>Lenander John</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol FLOWSERVE CORP [FLS] | | | | | | | | (Check all D | | olicable) ctor | Person(s) to Issuer 10% Owner Other (specify | |
|--|--|--|------------------------------|--|--|---|--|---|---|---|-----------------------|-------------------------|---|---|--|---|---|------------|
| (Last) (First) (Middle) 5215 NORTH O'CONNOR BLVD SUITE 2300 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2019 | | | | | | | | X | belov | | | |
| (Street) IRVING TX 75039 (City) (State) (Zip) | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | ridual or Joint/Group Filing (Check Applicable 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 (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) | | | Acquired (D) (Inst | d (A) or r. 3, 4 and | Secui Benet | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | (instr. 4) |
| Common Stock 03/13/201 | | | | | | 19 | | | S | | 6,818 | D | \$44.74 | 485 ⁽¹⁾ | 2 | 22,130 | D | |
| | 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) | Conversion or Exercise Price of Derivative Security Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) Security Se | | 4. Transa Code (8) | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. The price reported is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$44.72 to \$44.79, inclusive. The reporting person undertakes to provide Flowserve Corporation, any security holder of Flowserve Corporation or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth above.

Remarks:

/s/ Akshar C. Patel, attorneyin-fact

03/18/2019

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** 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 displays a currently valid OMB Number.