## 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

			*	T		. ,							T							
Name and Address of Reporting Person*     SHUFF RONALD F					2. Issuer Name and Ticker or Trading Symbol FLOWSERVE CORP [ FLS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
							st Transa	action (	(Mon	nth/Day/Ye	ar)		1	Officer		tle		(specify		
(Last)	(Fi	rst) (	Middle)	10/1	10/18/2006									below)			below			
5215 N. O'CONNOR BLVD., SUITE 2300														VP, Secretary and Gen. Counsel						
				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) IRVING											X Form filed by One Reporting Person									
	T		75039												Form filed by More than One Reporting					
(City) (State) (Zip)											Person									
		Tab	le I - Non-Deriv	ative \$	Secu	ıritie	s Acq	uired	, Di	isposed	of, or	Benef	ici	ally Owned						
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Trans Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar 5)			nd Securities Beneficially Owned		F (I Ir	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership					
							v	Aı	mount	(A) or (D)	Price		Following Reported Transaction(s (Instr. 3 and 4	eported ransaction(s)		(Ins	(Instr. 4)			
Common share)	Stock (\$1.	25 par value per	10/18/2006				М			7,000	A	\$27.56	25	47,827		D				
Common share)	common Stock (\$1.25 par value per nare)		10/18/2006			F			4,560	D	\$54.3	6	43,267		D					
Common Stock (\$1.25 par value per share)												4,179		I		Dividend Reinvestment Plan <sup>(1)</sup>				
Common Stock (\$1.25 par value per share)								T					30,123		Ι	Ral	obi Trust <sup>(2)</sup>			
Common Stock (\$1.25 par value per share)												2,704.6		I		401(K)				
		Ta	able II - Derivat							posed o										
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Month/Day/Year) i	3A. Deemed Execution Date, if any	4. Transaction Code (Instr. 8)		5. Numb of Derive Secur Acqui (A) or Dispo of (D) (Instr. 4 and	eer 6. Ex (M ative ities ired		xerci n Da	isable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of do Derivative Security (Instr. 5)	Numbo erivative ecuritie eneficia wned ollowin eported ransacti nstr. 4)	re (ces listed and ces listed and ce	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A) (I	Da D) Ex	te ercisab		Expiration Date	Title	Amo or Numl of Share	ber	1 1						
Stock Option (right-to- buy)	\$27.5625	10/18/2006		M		7	7,000 09	9/29/200	06	10/29/2006	Comm Stock		00	\$0.00	0		D			

#### **Explanation of Responses:**

- $1. \ Shares \ in \ which \ the \ reporting \ person \ has \ beneficial \ interest \ under \ the \ Issuer's \ Dividend \ Reinvestment \ Plan.$
- 2. Shares in which the reporting person has a beneficial interest in the Issuer's Deferred Compensation Plan held in the Issuer's Rabbi Trust.

## Remarks:

/s/ Ronald F. Shuff

10/20/2006

\*\* Signature of Reporting Person

Date

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.