FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	ourden								
hours nor reenence:	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* Rowe Robert Scott						2. Issuer Name and Ticker or Trading Symbol FLOWSERVE CORP [FLS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>ICOVIC I</u>	toocit be				_										X Directo			10% Ov	·	
(Last)	(Fi	(First) (Middle) 3. Date of Earliest Transa									/Day/Yea	.)			X Officer below)	(give title		Other (s below)	респу	
5215 NORTH O'CONNOR BLVD SUITE 2300							02/28/2021								President & CEO					
(Street)		4. It	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)								
IRVING	T	X	75039												X Form f	Form filed by One Reporting Person			ո	
					_										Form f Persor		e than	One Repor	ting	
(City)	(Si	tate)	(Zip)	.ip)											1 013011					
		Tab	le I - No	n-Deriv	vative	e Se	curit	ties Ac	quirec	l, Di	sposed	of, c	or Ber	neficia	lly Owned	t				
1. Title of Security (Instr. 3) 2. Trans Date (Month)				saction (Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.					Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
						Code	v	Amour	it	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Common Stock					8/2021				М		22,8	91	Α	\$0	190	190,905		D		
Common Stock 02/28						2021		F		9,0	9,008		\$37	7 18	1,897	D				
Common Stock 03/01/						2021		М		23,3	23,397		\$0	20:	205,294		D			
Common Stock 03/01/					1/202	/2021			F	T	9,2	9,207		\$38.	13 190	196,087		D		
		-									oosed o				y Owned		•		,	
1. Title of	2.	3. Transaction	3A. Deeme		4.	-	'	lumber			isable and	_		d Amount	8. Price of	9. Number	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any (Month/Day	Date,	Transaction Code (Instr 8)		n of		Expiration Date (Month/Day/Yea		te	of S Und Dec	of Securities Underlying Derivative Securi (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiratio Date	n Titl	le	Amount or Number of Shares						
Restricted Stock Units	(1)	02/28/2021			М			21,893	(1)		(1)		mmon stock	21,893	\$0	263,38	0	D		
Restricted Stock Units	(1)	03/01/2021			M			21,996	(1)		(1)		mmon tock	21,996	\$0	241,38	4	D		

Explanation of Responses:

1. Each restricted stock unit represents the right to receive, at settlement, one share of common stock (plus dividends accrued on the underlying shares) and are granted to the reporting person pursuant to the issuer's long-term incentive compensation plan for employees. The shares vest ratably over a three-year period on each annual anniversary of the grant.

Remarks:

/s/ Akshar C. Patel, attorney-in-03/02/2021 fact

** 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.