FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

				01 56	ection 30		e mvesu	nent	2011	npany Act		940							
1. Name and Address of Reporting Person [*] Taylor Carlyn R.				2. Issuer Name and Ticker or Trading Symbol <u>FLOWSERVE CORP</u> [FLS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
												X Di	recto	r		10% Ov	vner		
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/07/2023									ficer low)	(give title		Other (below)	specify	
5215 N. O'CONNOR BLVD.				4 If /	4. If Amendment, Date of Original Filed (Month/Day/Year)						6	6. Individual or Joint/Group Filing (Check Applicable							
SUITE 700				4. II Amendment, Date of Original Filed (Month/Day/Tear)							ine)								
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(City)	(S	tate)	(Zip)		heck this	hox to in	idicate the	at a tra	ansa	ction was	made	nursuar	nt to a cor	ntract ins	tructio	on or writte	n nlan i	that is intend	ot be
Check this box to indicate that a transaction was made pursuant to a contract, instruction or satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										n or written plan that is intended to									
		Tab	le I - Non-Dei	ivative	Securit	ies A	cquire	d, D	isp	osed o	of, o	or Ber	neficia	lly Ow	nec	1			
1. Title of Security (Instr. 3) 2. Transac					ction 2A. Deemed 3. 4. Securities Acquired (A)					d (A) or	5. A	mour	unt of 6. Ov		vnership	7. Nature			
Date				h/Day/Year	ay/Year) Execution Date, if any (Month/Day/Year)			Transaction Disposed Code (Instr. 5)						Ben Owr	Beneficially (Owned Following ((D) o	r Indirect Istr. 4)	of Indirect Beneficial Ownership
							Cod	de V	,	Amount	mount (A) or		Price	Reporte Transad		ction(s)			Instr. 4)
										Amount				(Instr. 3		and 4)			
		т	able II - Deriv	ative S	ecuritie	s Acc	quired	, Dis	spo	sed of	, or	Bene	ficially	y Own	ed				
				puts, c															
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			Code (In	Transaction of Ex Code (Instr. Derivative (N			Expiration Date A (Month/Day/Year) S U D				itle and ount of urities lerlying ivative S tr. 3 and	Security I 4)	Derivat Securit	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
													Amount or Number						

Explanation of Responses:

11/07/2023

(1)

Phantom

Stock

1. Each share of phantom stock is the economic equivalent of one share of common stock, and represents director compensation deferred in the form of common stock pursuant to the issuer's deferred compensation plan.

Date

Exercisable

(2)

Expiration Date

(2)

Title

Commor

Stock

2. The shares of phantom stock become payable in the form of common stock upon the reporting person's termination of service as a member of the issuer's board of directors. **Remarks:**

(A) (D)

775

/s/ Shakeeb U. Mir, attorneyin-fact <u>11/08/2023</u>

of

Shares

775

** Signature of Reporting Person Date

\$37.1

23,000

D

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).

Code V

Α

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.