FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| wasinington, | D.C. 20040 | |
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| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

0.5

hours per response:

| 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1. Name and Address of Reporting Person* <u>Chand Sujeet</u> | | | | 2. Issuer Name and Ticker or Trading Symbol FLOWSERVE CORP [FLS] | | | | | | | | lationship ck all appli Directo | cable) | Person(s) to I | Ssuer | |
|--|--|--|--|--|---|----------|--|--|-----------------------------|--|---|---------------------------------------|---|---|--|--|
| | O'CONNOI | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/20/2021 | | | | | | | | Officer below) | (give title | Other below | (specify |
| SUITE 2300 (Street) | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| IRVING | T | ζ | 75039 | _ | | | | | | | | ^ | | iled by More | than One Rep | |
| (City) | (Si | ate) (| (Zip) | | | | | | | | | | | | | |
| | | Tab | le I - Non-De | erivative | e Sec | curities | s Ac | quired, D | ispose | d of, or E | Benefi | icially | y Owned | t | | |
| Date | | | ransaction e onth/Day/Ye | Execution | | Date, | Transaction Disposed Of (Code (Instr. 5) | | curities Acq osed Of (D) | ies Acquired (A) or Of (D) (Instr. 3, 4 and | | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | Code V Amour | | | | ınt (A | or P | rice | Reporte Transac (Instr. 3 | tion(s) | | (Instr. 4) | | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | Code | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amoun Securit Underly Derivat | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | n Title | or | ount nber res | | | | |
| Phantom Stock | (1) | 05/20/2021 | | A | | 3,587 | | (2) | (2) | Commo | n 3,5 | 587 | \$41.81 | 9,940 | D | |

Explanation of Responses:

- 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.
- 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:

/s/ Akshar C. Patel, attorney-

05/24/2021

in-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.