FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	

wasiiingtoii, D.C. 20349	OMB APPI	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287

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

Estimated average burden 0.5 hours per response:

1. Name and Address of Reporting Person* CHANDY RUBY R				2. Issuer Name and Ticker or Trading Symbol FLOWSERVE CORP [FLS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
———	DI KUB	<u> </u>							saction (M)	\dashv	X		or (give title		10% Ow Other (s	
(Last)	(Fi	rst) ((Middle)		05/25/2023								below)			below)	pecity		
1808 DELANCEY ST.				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X	Form	filed by One	Repo	orting Perso	n
PHILAD	ELPHIA P	Α	19103												Form f		e thar	n One Repo	rting
(City)	(St	tate) ((Zip)		Rule 10b5-1(c) Transaction Indication														
Check this box to indicate that a transaction was made pursuant to a contract, instraction satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									tion or writter	n plan	that is intend	ed to							
		Table	e I - Non-C	Deriva	tive S	Sec	urities	s Ac	quired,	Dis	posed	of, or B	enefic	ially	/ Owne	d			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				ate		Ex if a	A. Deemed xecution Date, any Month/Day/Year		, Transaction Disp Code (Instr. 5)		Dispose	curities Acquired (A) osed Of (D) (Instr. 3,		4 and Securit Benefic Owned		ies For cially (D) Following (I) (I		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amoun	t (A)	or Pri	e	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 (Instr. 3) 3. Transaction Date Execution Date (Month/Day/Year) if any (Month/Day/Year)			ate, T	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amou or Numb of Shares	er					
Phantom	(1)	05/25/2023			A		4,453		(2)		(2)	Common	4,45	3	\$33.68	25,603	Ì	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:

Stock

/s/ Shakeeb U. Mir, attorneyin-fact

05/30/2023

** Signature of Reporting Person

Stock

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.