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

| 1. Name and Address of Reporting Person* HARRIS DIANE CAROL | | | | | | Issuer Name and Ticker or Trading Symbol FLOWSERVE CORP [FLS] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | all app | olicable) tor | ig Perso | Person(s) to Issuer 10% Owner | | | |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|-----------|------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------|----------------------------------------------------------------|---|-----------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------|------------------|-----|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|--|--|
| (Last) | (Fir | , | Middle) | | | 11/05/2003 | | | | | | | | | | Officer (give title below) | | | Other below) | (specify | | |
| 222 W. LAS COLINAS BLVD., SUITE 1500 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | | | • | | Reporting Person | | | |
| IRVING | TX | . 7 | 5039 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | y/Year) | Execution | | | Transaction Di | | | ecurities Acquired (osed Of (D) (Instr. 3 5) | | | 3, 4 S B O | | 5. Amount of Securities Beneficially Owned | | ership Direct t (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (111501.4) | | |
| Common Stock (\$1.25 par value per share) | | | | | | | | | | | | | | | | 3,300 | | D | | | | |
| Common Stock (\$1.25 par value per share) 11/05/20 | | | | | 003 | | | | Α | | 421 | | A | \$21 | .16 | 20,031 | |] |] | Rabbi Trust | | |
| | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | | Code (I | Transaction Code (Instr. | | vative rities rired rosed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | l nstr. | Sec | rice ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owi For Dire or I (I) (I 4) | nership m: ect (D) ndirect instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | or Nu of | mber ares | 1 | | | | | | | |

Explanation of Responses:

/s/ Ronald F. Shuff, by power of attorney

** Signature of Reporting Person

11/05/2003

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).