## Edgar Filing: FLOWSERVE CORP - Form 4

FLOWSERV	E CORP											
Form 4												
June 02, 2013	5											
FORM	4	~ ~ ~ ~ ~ ~ ~						OMB APPROVAL				
	UNITE	ED STATES		ITIES A			NGE	COMMISSION	OMB Number:	3235-0287		
Check thi									Expires:	January 31,		
subject to	if no longer subject to STATEMENT OF CHAN					ICIA	LOW	<b>NERSHIP OF</b>	Estimated a	2005		
	Section 16. SECURITIES								burden hours per			
Form 4 or			~ • •		~ .				response 0.8			
Form 5 obligation		-					-	ge Act of 1934,				
may conti				•	•	· ·	•	of 1935 or Sectio	n			
See Instru	ction	30(h)	) of the Inv	vestment	Compa	ıу Ас	t of 19	40				
1(b).												
(Print or Type R	(esponses)											
· • • •	1											
1. Name and A	ddress of Reporti	ing Person <u>*</u>	2. Issuer	Name and	I Ticker of	Tradi	ng	5. Relationship of Reporting Person(s) to				
Ovelmen Karyn F.			Symbol	-					Issuer			
			FLOWSERVE CORP [FLS]					(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest T	ransaction			(Chec	sk all applicable	;)		
				(Month/Day/Year)					Director 10% Owner			
5215 NORTH O'CONNOR BLVD			06/01/20	06/01/2015					X_ Officer (give title Other (specify below) below)			
#2300								· · · · · · · · · · · · · · · · · · ·	ef Financial Of	ficer		
	(Street)		4. If Ame	ndment D	ate Origin	1		6 Individual or Io	oint/Group Filin	10(Check		
				th/Day/Yea	-			6. Individual or Joint/Group Filing(Check Applicable Line)				
			× ×	2	,			_X_ Form filed by 0				
IRVING, TX	K 75039							Form filed by M Person	Iore than One Re	eporting		
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative	Secur	ities Ac	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction	Date 2A. Dee	emed	3.	4. Secu	ities A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye	ear) Executi	on Date, if	Transacti	ion(A) or I			Securities	Form: Direct			
(Instr. 3)		any	Code(D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)				15	Beneficially	Indirect (I) Own	Beneficial		
		(Month)					(5)	Owned Following		Ownership (Instr. 4)		
						( )	`	Reported	(	(		
						(A 01		Transaction(s)				
				Code V	Amour			(Instr. 3 and 4)				
Common Stock	06/01/2015			А	35,000	) A	\$ 0 (1)	35,000	D			

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Ovelmen Karyn F. 5215 NORTH O'CONNOR BLVD #2300 IRVING, TX 75039			EVP, Chief Financial Officer				
Signatures							
/s/ Luke E. Alverson, attorney-in-fact	06/02/201:	5					

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* 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).
- (1) Represents shares of restricted common stock granted to the reporting person pursuant to the issuer's long-term incentive compensation plan for employees. The shares cliff vest on June 1, 2018.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.