Andrew Clyde Farnsworth Form 4 April 08, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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3235-0287

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Expires: January 31, 2005

OMB APPROVAL

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

Form 4 or
Form 5
obligations
may continue.
See Instruction

1 Name and Address of Departing De

04/05/2019

Stock

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

	rde Farnsworth	Symbol	CIRCOR INTERNATIONAL INC				Issuer (Check all applicable)			
(Last) 30 CORPOR	(First) (M	(Month/D	3. Date of Earliest Transaction (Month/Day/Year) 04/05/2019				Director 10% Owner Officer (give title Other (specify below) Chief Human Resources Officer			
BURLINGT	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	Zip) Tabl	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	(Month/Day/Year) Execut		Code	onAcquired Disposed	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	ties Form: Direct Indirect cially (D) or Benefic d Indirect (I) Owners ving (Instr. 4) (Instr. 4) ted action(s)		
Common Stock	04/05/2019	04/05/2019	M	294	A	(1)	1,075	D		
Common	04/05/0010	0.4.10.7.10.01.0	Τ.	0.7	_		000	.		

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

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D

(1)

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04/05/2019

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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)	4. Transacti Code (Instr. 8)	5. Number op f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Dat (Month/Day/Y	te	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Unit	\$ 0	04/05/2019	04/05/2019	M	294	04/05/2019	03/05/2028	Common Stock	294

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Andrew Clyde Farnsworth 30 CORPORATE DRIVE, SUITE 200 BURLINGTON, MA 01803

Chief Human Resources Officer

Signatures

/s/ Tanya Dawkins, attorney-in-fact

04/08/2019

**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).

The Restricted Stock Units (RSUs), the conversion of which are reported herein, were granted to the Reporting Person by the issuer as part of equity incentive grants made by the issuer on 3/05/2018 utilizing a fair market value (FMV) of a share of the issuers stock of

(1) \$42.62. The RSU grant vests in equal portions over a three year period, and are received by the Reporting Person upon vesting, on a one-for-one basis. This report reflects the vesting of one-third portion of the original RSU grant and the acquisition by the Reporting Person of the underlying shares minus sufficient shares withheld to pay applicable income taxes.

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.

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