FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-028								

37 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Restricted Stock	(1)	01/11/2006			M ⁽¹⁾	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(A)		01/06/20		(1)	Common	3,334	(1)	0	D		
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transact Code (In:				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 derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct or Indii (I) (Inst	Beneficial Ownership ect (Instr. 4)		
		٦	Table II								osed of, converti			Owned				
Common Stock 01/11/20						2006		F ⁽¹⁾		1,397	D	\$35.22	(1) 48	,335	D			
Common	Stock	/2006	:006			M ⁽¹⁾		3,334	A	(1)	49,732		D					
Date (Month/Day)						Execution Date if any (Month/Day/Yes		,	Code (Instr.		Amount	(A) or	Price	Benefici	ally Following d tion(s)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect t Beneficial Ownership (Instr. 4)	
1. Title of S	Security (Ins		ction	ion 2A. Deemed				3. 4. Securities Acquired (A)				5. Amount of		6. Ownership				
(City) (State) (Zip)						ative Securities Acquired, Disposed of, or Beneficially Owned												
				-										Form filed by More than One Reporting Person				
(Street) BURLINGTON MA 01803				- 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin						
25 CORPORATE DRIVE, SUITE 130							4 If Amendment Date of Original Filed (Month/Day/Mass)							6. Individual or Joint/Group Filing (Check Applicable				
C/O CIRCOR INTERNATIONAL, INC.						01/11/2006								Chairman & CEO				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)							\dashv	X Officer below)	(give title	Oth belo	er (specify w)	
BLOSS DAVID A SR						CIRCOR INTERNATIONAL INC [CIR]								eck all applic X Directo	,	10%	Owner	
1. Name ar	nd Address o		2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							

Explanation of Responses:

Units

1. The Restricted Stock Units (RSUs), the conversion of which are reported herein, were granted to the reporting person by the issuer as part of the equity incentive grants made by the issuer on January 6, 2004. On that date, the fair market value of a share of the issuer's stock was \$23.80. The RSUs vest in equal portions over a 3-year period and are received by the reporting person upon vesting unless the reporting person has previously chosen a longer deferral period. This report reflects the January 11, 2007 issuance by the issuer of the shares underlying the final one-third of these RSUs and withholding by the issuer of the sufficient shares to pay income taxes required to be withheld from the reporting person. The fair market value of the shares, based on the closing prices of the issuer's stock on the vesting date is \$35.22.

Alan J. Glass, Attorney-in-Fact 01/11/2006

** 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.