FORM 3

140 GREENWICH AVENUE

CT

06830

(Street) **GREENWICH**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB Number: Estimated average burden 0.5

					5	ECURITIES				hours pe	r response:	0.5
						.6(a) of the Securities Exchange At the Investment Company Act of 1						
1. Name and Address of Reporting Person* GAMCO INVESTORS, INC. ET 2. Date of Requiring (Month/Da				Date of Event equiring Staten Month/Day/Year 2/05/2008	nent	3. Issuer Name and Ticker or Tra CIRCOR INTERNATI	ding Symbol	<u>NC</u> [c	IR]			
(Last) (First) (Middle)						Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)		
ONE CORPORATE CENTER						Officer (give title Other (specify below) below)			Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person			
(Street) RYE NY 10580												
(City)	(State)	(Zip)										
			Ta	able I - Non		ive Securities Beneficial						
1. Title of Security (Instr. 4)					Amount of Securities eneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					3,000	I		By: Investment Partnership - I ⁽¹⁾				
Common Stock					3,000	I	I By:		By: Investment Partnership - II ⁽¹⁾			
			(e.g			e Securities Beneficially nts, options, convertible		s)				
1. Title of Derivative Security (Instr. 4)				2. Date Exercisable a Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Secur	ity (Instr. 4) Conve		rersion O cercise F	5. Ownership Form: Direct (D)	6. Nature of Ind Beneficial Own (Instr. 5)	
				Date Evereigable	Expiration		Amount or Number of	Deriva Securi	tive	or Indirect (I) (Instr. 5)		
	Address of Repo			Exercisable	Date	Title	Shares					
GAMCC	O INVESTO	RS, INC. E	T AL									
(Last)	(First		(Middle)									
ONE COR	RPORATE CEN	ITER										
(Street)	NY		10580									
(City)	(State	9)	(Zip)									
	Address of Repo											
	(First CO INVESTO PORATE CEN	RS, INC	(Middle)									
(Street)	NY		10580									
(City)	(State	e)	(Zip)									
1. Name and GGCP, I	Address of Repo	rting Person*										
(Last)	(First)	(Middle)									

(City)	(State)	(Zip)	
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Explanation of Responses:

1. The Reporting Persons have less than a 100% interest in this entity. The amount of securities reported as beneficially owned reflects the total amount of securities held by this entity which is greater than the Reporting Persons indirect pecuniary interests. The Reporting Persons hereby disclaim ownership of these securities in excess of their pecuniary interests.

/s/ Peter D. Goldstein
Attorney-in-Fact for MARIO J.
GABELLI, GGCP, INC. and
GAMCO INVESTORS, INC.

Date

** Signature of Reporting Person

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 5 (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.