FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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*  SMITH KENNETH WALTER						2. Issuer Name and Ticker or Trading Symbol  CIRCOR INTERNATIONAL INC [ CIR ]								eck all applic Directo Officer	tionship of Reporting all applicable) Director Officer (give title		10% Owner Other (spec		
(Last) (First) (Middle) C/O CIRCOR INTERNATIONAL, INC. 25 CORPORATE DRIVE, SUITE 130						3. Date of Earliest Transaction (Month/Day/Year) 08/17/2007								below)	Sen. VP, CFO & Treasurer				
(Street) BURLINGTON MA 01803					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								) X Form f Form f	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(City)	(S	tate)	(Zip)																
		Tal	ole I - No	n-Der	ivative	Se	curit	ies Ac	quired,	Dis	posed o	f, or Ber	neficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)					r) Ex	A. Deemed xecution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Benefici	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Transaci (Instr. 3	tion(s)			instr. 4)	
Common Stock 08/17/2					7/2007	007		M <sup>(1)(3)</sup>		23,700	) A	\$16.3	2 29	,715		D			
Common Stock 08/17/2					7/2007	007		S <sup>(1)(3)</sup>		23,700	D	\$42.04	5 6,	015		D			
			Table II								osed of, convertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		of Securit Underlyin Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Stock Option Right-to-	\$16.32	08/17/2007			M <sup>(1)(3)</sup>			23,700	(2)		10/29/2011	Common	23,700	(2)	1,300	0	D		

## **Explanation of Responses:**

- 1. The stock options exercised herein reflect the cashless exercise of a portion of the grant of 25,000 options by the issuer to the reporting person on 10/29/2001 and scheduled to expire on 10/29/2011.
- 2. The 25,000 options granted on 10/29/2001 vested in increments of 20% per year over a 5-year period. Upon exercise, the underlying options convert into shares of the issuer's common stock on a one-for-one basis.
- 3. The transcation reported herein is pursuant to a pre-programmed plan previously entered into by the reporting person and his broker pursuant to Rule 10b5-1.

Alan J. Glass, Attorney-in-Fact 08/20/2007

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.