Edgar Filing: HSIEH ALLEN - Form 4

LICIELL ALLENI

| Form 4 | | | | | | | | | | | | |
|--|---|--|--|----------------------|-------------|---|--|---|--|--|-----------|--|
| | une 25, 2009 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | OMMESION | OMB APPROVAL | | | |
| | UNITED | SIAIES | | | | ND EAC D.C. 205 | | NGE C | UNIMISSION | OMB Number: | 3235-0287 | |
| Check thi if no long subject to Section 10 Form 4 or | er STATEN 6. | GES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | Expires: January 3 200 Estimated average burden hours per response 0 | | | | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 | | | | | | | | | | | | |
| (Print or Type R | tesponses) | | | | | | | | | | | |
| 1. Name and Address of Reporting Person *2. IssuerHSIEH ALLENSymbol | | | | / INTERNATIONAL CORP | | | | g | 5. Relationship of Reporting Person(s) to Issuer | | | |
| FLOW [[FLOW | | | RP | | | | | (Check all applicable) | | | | |
| (Last)(First)(Middle)3. Date of (Month/D23500 64TH AVENUE SOUTH06/23/20 | | | | - | | | | | Director X Officer (give below) | title 10% Owner below) CFO | | |
| | | | endment, Date Original onth/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| KENT, WA | 98032 | | | | | | | | | fore than One Re | | |
| (City) | (State) | (Zip) | Table | e I - Non | -De | erivative S | Securit | ties Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | Executio any | | Code (Instr. 8 | etior 3) | 4. Securit (A) or Di (Instr. 3, 4 | sposed 4 and 5 (A) or | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 06/23/2009 | | | Code A | | Amount 40,486 | (D) A | Price \$ 2.22 | 40,486 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | S | Relationships | | | | | | |
|--|-----------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| HSIEH ALLEN 23500 64TH AVENUE SOUTI KENT, WA 98032 | Н | | CFO | | | | | |
| Signatures | | | | | | | | |
| /s/ Allen Hsieh 06 | 5/25/2009 | | | | | | | |

<u>**</u>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).

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.