Edgar Filing: FLOTEK INDUSTRIES INC/CN/ - Form 4

| FLOTEK IN Form 4 October 10, 2 | DUSTRIES INC 2007 | C/CN/ | | | | | | | | | |
|--|---|------------------|--------------------------------------|--|---------------------------------|-------|---|--|--|--------------------------------|--|
| FORM | ГЛ | | | | | | | | OMB A | PPROVAL | |
| | UNITED | STATES | | ITIES A hington, | | | NGE (| COMMISSION | OMB Number: | 3235-0287 | |
| Check thi | or | | | | | | | | Expires: | January 31, | |
| | if no longer subject to Section 16 SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | Estimated | imated average den hours per | | |
| | Form 4 or | | | | | | | response | | | |
| Form 5 obligation may conti <i>See</i> Instru 1(b). | inue. Section 17 | (a) of the l | Public Ut | | ling Con | ipany | Act o | ge Act of 1934, f 1935 or Sectic 40 | • | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| CHISHOLM JOHN Symbol | | | er Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) 539 GREEN | (First) (| Middle) | 3. Date of (Month/D 10/09/20 | - | ansaction | | | X Director Officer (give below) | | % Owner her (specify | |
| (Street) 4. If Amer | | | endment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| Filed(Month/Day/Year) Applicable Line) _X_ Form filed by O | | | | | | | | | | | |
| (City) | (State) | (Zip) | Table | e I - Non-D | erivative | Secur | ities Aco | quired, Disposed o | f, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Dat (Month/Day/Year) | Execution any | n Date, if | 3. Transactic Code (Instr. 8) Code V | on(A) or D (D) (Instr. 3, | spose | d of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| Common Stock | 10/09/2007 | | | S | 5,000 (1) | D | \$ 48.9 | 226,370 | I | Chisholm Energy Partners | |

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)

| D Se | Title of erivative ecurity nstr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---------|--|---|---|--|---|---------------------|--------------------|--|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Edgar Filing: FLOTEK INDUSTRIES INC/CN/ - Form 4

Reporting Owners

| Reporting Owner Name / Add | Iress | Relationships | | | | | | |
|--|------------|---------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| CHISHOLM JOHN 539 GREEN ISLE BEACH MONTGOMERY, TX US 7 | X 7369 | | | | | | | |
| Signatures | | | | | | | | |
| /s/John W. Chisholm | 10/10/2007 | | | | | | | |
| <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).
- (1) Sales part of Rule 10b5-1 Selling Plan March 20, 2007

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.