

SCHROCK MICHAEL V

Form 4

February 11, 2003

1. Name and Address of Reporting Person
Schrock, Michael V.
1500 County Road B2 West
Suite 400
St. Paul, MN 55113-3105
USA
2. Issuer Name and Ticker or Trading Symbol
Pentair, Inc. (PNR)
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Day/Year
02/07/2003
5. If Amendment, Date of Original (Month/Day/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
 Director 10% Owner
 Officer (give title below) Other (specify below)
President, COO Enclosures
7. Individual or Joint/Group Filing (Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

TABLE I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security | 2. Trans- action Date (Month/ Day/ Year) | 2A.Execu- action Date (Month/ Day/ Year) | 3. Trans- action Code Code V | 4. Securities Acquired (A) or Disposed of (D) Amount A/D Price | 5. Amo Securi Benefi Owned Follow Report Transa |
|----------------------|---|---|---|---|---|
| Common Stock | | | | | 42672. |