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
   (X) Officer (give title below) ( ) Other (specify below)
   President, COO Enclosures
7. Individual or Joint/Group Filing (Check Applicable Line)
   (X) 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-tion Date (Month/Day/Year)	3. Trans-action Code	4. Securities Acquired (A) or Disposed of (D)			5. Amo Securi Benefi Owned Follow Report Transa
			Code V	Amount	A/D	Price	
Common Stock							42672.