FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

check this box if no longer subject to section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	OMB APPROVAL									
	OMB Number:	3235-0287								
1	Estimated average burden									

0.5

hours per response:

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* ALLENDER PATRICK W (Last) (First) (Middle) 2099 PENNSYLVANIA AVE. NW 12TH FLOOR				2. Issuer Name and Ticker or Trading Symbol Colfax CORP [CFX]										theck all ap		ng Person(s) to	lssuer Owner	
				3. Date of Earliest Transaction (Month/Day/Year) 09/28/2018										Offi belo	cer (give title ow)	Othe belo	er (specify w)	
(Street)	NGTON D	C tate)	20006 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 10/02/2018								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(3)		ole I - Noi	n-Deriva	ative	Se	curitie	s Acc	uired.	Dist	oosed o	of. or	Ben	eficia	ıllv Owr	ed		
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ır)	2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			(A) or	5. An Secu Bene Own	ount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership		
						Code	v	Amount	t (A) or Pi		Price		rted saction(s) . 3 and 4)		(Instr. 4)			
Common Stock, par value \$.001		09/28	09/28/2018				A	A)	A	\$0.	00 5	3,721(1)	D			
Common	Stock, par	value \$.001														20,000	I	By Trust
Common	Stock, par	value \$.001														62,973	I(2)	By JWA GRAT #3
Common Stock, par value \$.001															80,640	I ⁽²⁾	By JWA GRAT #4	
Common Stock, par value \$.001														55,646	I ⁽²⁾	By JWA 2014 Trust		
		7	able II - I								sed of, onvertib				y Owned	i	,	
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		ay/Year)	Transaction of Code (Instr. B) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				•	and 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of		ount nber	8. Price of Derivative Security (Instr. 5)		Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)				

Explanation of Responses:

- 1. Due to an administrative error, the Form 4 initially filed on October 2, 2018 inadvertently reported an incorrect number of Director Stock Units (DSUs) acquired under our Director Deferred Compensation Plan. The number of DSUs reflected as acquired in the original filing was overreported by 24. This amendment is being filed to reflect the correct grant amount.
- 2. The reporting person disclaims beneficial ownership of these securities, except to the extent of his pecuniary interest therein, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for the purposes of Section 16 or for any other purpose.

Remarks:

/s/ A. Lynne Puckett, Attorney-10/09/2018 in-Fact

** Signature of Reporting Person

Date

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

- * 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.