FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL | | | | | | |
|--------------|--------------|--------|--|--|--|--|--|
| AL OWNERSHIP | OMB Number: | 3235-0 | | | | | |

hours per response:

0.5

0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI Estimated average burden

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* GAYNER THOMAS SINNICKSON | | | | | | 2. Issuer Name and Ticker or Trading Symbol Colfax CORP [CFX] | | | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|--|---|-------|---|--|--|------|---|-------------------------|------|------------------|---------------------------------------|------------------|---|---|--|--|--|------------|--|--|
| <u>GATTVER THOWAS SHVIVICRSOLV</u> | | | | | | | | | | | | | | | : | X Directo | or | | 10% O | wner | | |
| (Last) 4521 HI | ` | irst) S PARKWAY | (Middle) | | 3. Date of Earliest Transacti 05/21/2020 | | | | | action (Month/Day/Year) | | | | | | Officer below) | (give title | | Other (specify below) | | | |
| | | | | | 4 If | f Ame | ndment | Date | of O | riginal F | iled | (Month/D | av/Year) | | 6 Ir | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line) | | | | | | |
| | LLEN V | Δ | 23060 | | | | | | | | | | | | : | X Form | filed by One | e Rep | orting Perso | on | | |
| ,——— | LLLIV V | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | Perso | ıı | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | ·, | Code (Instr. 5) | | | | A) or , 4 and | Benefici Owned | s For ally (D) ollowing (I) (| | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | Code | v | Amount | (A) or (D) Pr | | Price | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common stock, par value \$.001 05/21/2 | | | | | /2020 | 2020 | | | | A | | 2,568 | 2,568 A \$ | | \$0.00 | 58 | 58,031 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (I | | of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Or Silly Di or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | | te ercisable | | xpiration ate | Title | or Nu of | nount mber ares | | | | | | | |
| Director Stock Option (right to | \$26.75 | 05/21/2020 | | | A | | 5,899 | | 05/ | /21/2020 | 05 | 5/21/2027 | Commo stock, par valu \$.001 | 15 | 899 | \$0.00 | 5,899 | | D | | | |

Explanation of Responses:

Remarks:

/s/ Bradley Tandy, Attorney-in-05/26/2020

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.