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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 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287

| Estimated average burden | |
|--------------------------|-----|
| hours per response: | 0.5 |

| | | ı* | 2. Issuer Name and Ticker or Trading Symbol <u>Colfax CORP</u> [CFX] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|--------------------------|----------------|--|------------------------|--|-----------------------|--|--|--|
| (Last) (Fir 2099 PENNSYLVAN 12TH FLOOR | (First) VANIA AVE. NW | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 09/28/2018 | | Officer (give title below) | Other (specify below) | | | |
| (Street) WASHINGTON | | 20006 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | ridual or Joint/Group Filing Form filed by One Repo Form filed by More than Person | rting Person | | | |
| (City) | (State) | (Zip) | | | | | | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
|---------------------------------|--|---|------------------------------|---|---|---------------|--------|---|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Common Stock, par value \$.001 | 09/28/2018 | | A | | 683 | A | \$0.00 | 53,745 | D | | |
| Common Stock, par value \$.001 | | | | | | | | 20,000 | Ι | By Trust | |
| Common Stock, par value \$.001 | | | | | | | | 62,973 | I (1) | By JWA GRAT #3 | |
| Common Stock, par value \$.001 | | | | | | | | 80,640 | I (1) | By JWA GRAT #4 | |
| Common Stock, par value \$.001 | | | | | | | | 55,646 | I (1) | By JWA 2014 Trust | |

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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) or Dispo of (D) | erivative curities cquired) or sposed (D) str. 3, 4 | | xpiration Date Amount of | | | 8. Price of Derivative Security (Instr. 5) | derivative Securities Beneficially Owned | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|--|---------------------|--------------------------|-------|--|---|---|-----------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. 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-10/02/2018

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.