FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |
| hours per response:      | 0.5       |  |  |  |  |  |  |  |  |

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* PERFALL A CLAYTON   |  |  |  |           |                          | 2. Issuer Name and Ticker or Trading Symbol Enovis CORP [ ENOV ] |   |   |  |   |   |                          |                                   |          | ationship<br>k all app<br>Direc  | ,              | ng Per   | rson(s) to Is                                       |            |
|--|--|--|--|-----------|--------------------------|--|---|---|--|---|---|--------------------------|-----------------------------------|----------|--|----------------|--|---|------------|
|  | TH FAIRF   | rst)<br>AX ST  | (Middle)   |           |                          | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2022      |   |   |  |   |   |                          |                                   |          |  | er (give title |  | Other (below)                                       | specify    |
| SUITE 3  |  | 4. If A  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |           |                          |  |   |   |  |   | 6. Individual or Joint/Group Filing (Check Applicable Line)                       |                          |                                   |          |  |                |  |   |            |
| (Street)   |  |  |  |           |                          |  |   |   |  | X   | Form filed by One Reporting Person  Form filed by More than One Reporting  Person |                          |                                   |          |  |                |  |   |            |
| (City)   | (St  | ate)   | (Zip)  |           |                          |  |   |   |  |   |   |                          |                                   |          |  |                |  |   |            |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |  |           |                          |  |   |   |  |   |   |                          |                                   |          |  |                |  |   |            |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)  |  |  |  | Execution |                          |  | Date,   | 3.<br>Transaction<br>Code (Instr.<br>8) |  | 4. Securities Acquired (A<br>Disposed Of (D) (Instr. 3,<br>5) |   | uired (A)<br>Instr. 3, 4 | 4 and Securit<br>Benefic<br>Owned |          | ies<br>cially<br>Following   | Form<br>(D) o  | n: Direct<br>r Indirect<br>istr. 4)                                      | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |            |
|  |  |  |  |           |                          |  |   |   |  | v   | Amount  | (A)<br>(D)               | or Pric                           | e        | Reporte<br>Transa<br>(Instr. 3   | ction(s)       |  |   | (Instr. 4) |
| Common stock, par value \$.001 09/30/2   |  |  |  |           |                          | 2022   |   |   | A  |   | 516   | A                        | \$(                               | .00 3    |  | 31,589         |  | D   |            |
| Common stock, par value \$.001   |  |  |  |           |                          |  |   |   |  |   |   |                          |                                   |          | 2  | ,482           |  | I   | By Trust   |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |  |           |                          |  |   |   |  |   |   |                          |                                   |          |  |                |  |   |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security            | 2. 3. Transaction Date Execution Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) 8 |  |           | Transaction Code (Instr. |  | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |   | 6. Date Exercis<br>Expiration Date<br>(Month/Day/Yea |   | te Amount   |                          | Der<br>Sec<br>(Ins                | rivative | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у              | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4)             |            |
|  |  |  |  |           | Code V                   |  | (A)   |   | Date<br>Exercisable                                  |   | Expiration<br>Date  | Title                    | or<br>Number<br>of<br>Shares      | r        |  |                |  |   |            |
| Explanation  | n of Respons   | ses:   |  |           |                          |  |   |   |  |   |   |                          |                                   |          |  |                |  |   |            |

Remarks:

/s/ Brian P. Hanigan, attorney-10/04/2022 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.