FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

| Name and Address of Reporting Person* ROSS TERRY D | | | | | | 2. Issuer Name and Ticker or Trading Symbol Enovis CORP [ENOV] | | | | | | | | | neck all ap Dire | ctor | | 10% Ov | vner | |
|--|--|---------|---------|----------|---|--|---|------|--|--|--------------------|--|--------------------------|---|---|--|---|--|---------------------------------------|--|
| (Last) 2711 CE | (Fir NTERVILL | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 33/04/2024 | | | | | | | | | ^ belo | Officer (give title below) GROUP PRESIDENT, P&R | | | | |
| SUITE 400 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) WILMINGTON DE 19808 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | Rul | le 10 |)b5- | 1(c) | Tran | sac | tion Indi | icati | ion | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or | Ben | eficia | ally Owr | ied | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Exec if an | Deemed cution Date, ny nth/Day/Year) | | | | es Acquired (A) Of (D) (Instr. 3, 4 | | | d Secur Benef Owne | icially d Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) |) or) | Price | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common stock, par value \$0.001 03/04/ | | | | 03/04/2 | 2024 | | | | A | | 6,200(1) | | A | \$0.0 | 00 19,993 | | | 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) | Derivative Conversion Date Security or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | f g | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nur of | ount mber ares | | | | | | |

Explanation of Responses:

1. This award represents restricted stock units that vest in three equal annual installments beginning on the first anniversary of the grant date.

/s/ Brian P. Hanigan, attorney-03/06/2024 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.