Instruction 1(b).

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

_		
Washington.	. D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL								
OMB Num	ber:	3235-0362						
Estimated	Estimated average burder							

Form 3	Holdings Repo	rted.				••••		• • • • • • • • • • • • • • • • • • • •						h	ours per	response	:	1.0	
_	Transactions R		Fi	led pursuant to or Section				curities Ex t Company											
1. Name and Address of Reporting Person* RALES MITCHELL P					2. Issuer Name and Ticker or Trading Symbol Colfax CORP [CFX]						5. Relationship of Rep (Check all applicable) X Director								
(Last) 2200 PEN SUITE 80		st) NIA AVENUE,	(Middle)	12/31/20	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2015							Officer (give title Other (speci below) below)							
(Street) WASHIN	GTON DO		20037	4. If Amen							6. Individual or Joint/Group Fil Line) X Form filed by One Re Form filed by More th Person				Reporting Person				
(City)	(Sta	•	(Zip)																
Tal 1. Title of Security (Instr. 3)		1	2. Transaction Date	2A. Deemed Execution Date, if any	3 e, T	3. Transaction Code (Instr.	4. Se					5. Amount of Securities Beneficially			6. Ownership Form: Direct	ship	7. Nature of Indirect Beneficial		
				(Month/Day/Year)				unt	(A) (D)) or Price		1:	Owned at 6 ssuer's Fi: /ear (Instr. !)	(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)			
Common Stock, par value \$.001		07/02/2015		G ⁽¹⁾		1:	10,000	D		\$0.00		890,000		I	Throug Mitche Rales F Trust ⁽²⁾		hell P. Family		
Common Stock, par value \$.001												10,321,361		D	D				
Common	Stock, par v	value \$.001											750,000		I	I		By Colfax Capital Corporation ⁽³⁾	
Common	Stock, par v	alue \$.001											19,3	888 I		By Capital Yield Corporation ⁽³		ı	
Common	Stock, par v	alue \$.001											11,500		I			By trust for daughter	
Common Stock, par value \$.001											4,200		00	I	I cus		IPR, as dian for hters		
Common Stock, par value \$.001									28,000		I By		By sp	oouse ⁽⁴⁾					
		Ta	able II - Deriva (e.g., p	itive Securi outs, calls,									Owned						
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. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Dispo of (D) (Instr	of Ex		Date Exercisable and opiration Date lonth/Day/Year)			itle and bunt of urities lerlying vative urity (Instr. 3	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					(Δ)		Date Exercisah	Expira		Title	Amount or Number of Shares								

Explanation of Responses:

- 1. Shares were gifted to protective trusts for Mr. Rales' adult children, for which he has no beneficial ownership.
- 2. The reporting person is a trustee of the Mitchell P. Rales Family Trust.
- 3. These shares are held by an entity of which Mitchell P. Rales and Steven M. Rales are the sole stockholders. The reporting person disclaims beneficial ownership of these securities to the extent that they are beneficially owned by Steven M. Rales.
- 4. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein. Neither this filing nor anything contained herein shall be deemed an admission that the reporting person is the beneficial owner of these securities for purposes of Section 13 of the Securities Exchange Act of 1934 or otherwise.

Remarks:

/s/ A. Lynne Puckett, Attorney-02/16/2016 in-Fact

** Signature of Reporting Person

Date

- * 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.