FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| 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* <u>GAYNER THOMAS SINNICKSON</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Colfax CORP [CFX] | | | | | | | | | | heck all ap | ionship of Reporting all applicable) Director | | g Person(s) to Issuer 10% Owner | |
|--|--|--|--|-------------------------------|---|---|--|---|-------------------------------------|-------------|--------------------|----------------------|--------------------------------|-----------------------|---|---|---|--|---|
| (Last) 4521 HIC | , | irst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2010 | | | | | | | | | Offic belo | er (give title w) | | Other (specify below) | |
| (Street) GLEN A | | | 23060 Zip) | | 4. If | Line) | | | | | | | | ne) X Fori Fori | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transa Date (Month/I | | ar) E | P.A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | | ties Acc I Of (D) | quired (Instr. | (A) or 3, 4 an | d Secur Benef | icially d Following | Form (D) o | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | Amount | | | (A (C | () or () | Price | Trans | action(s) 3 and 4) | | | | | | |
| Common Stock, par value \$.001 09/30 | | | | 09/30 | /2010 | | | A | | 588 A | | \$0 | 23,897 | | | 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. Deemed Execution Date if any (Month/Day/Yea | Date, | Code (Inst | | | | 6. Date E: Expiratio (Month/D | n Date | • | Amount of | | | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | | v | (A) | | Date Exercisal | | Expiration Date | Title | Amo or Num of Shar | nber | | | | | |

Explanation of Responses:

/s/ A. Lynne Puckett, Attorney-10/04/2010 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.