FORM 4

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

1. Name and Address of Reporting Person
   Okala Philip
   2711 CENTerville ROAD
   SUITE 400
   WILMINGTON DE 19808

2. Issuer Name and Ticker or Trading Symbol
   Enovis CORP [ ENOV ]

3. Date of Earliest Transaction (Month/Day/Year)
   05/20/2024

4. If Amendment, Date of Original Filed
   (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   X Director
   10% Owner
   Officer (give title below)
   Other (specify below)

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

Rule 10b5-1(c) Transaction Indication
   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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)
   Common stock, par value $0.001

2. Transaction Date (Month/Day/Year)
   05/20/2024

3. Transaction Code (Instr. 8)
   A

4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)
   A

5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)
   4,338

6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)
   D

7. Nature of Indirect Beneficial Ownership (Instr. 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
   (e.g., puts, calls, warrants, options, convertible securities)

Explanation of Responses:

/s/ Brian P. Hanigan, attorney-in-fact
05/22/2024
** Signature of Reporting Person

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).
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.