$\square$ 

### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this hav if no longer subject to
Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

#### 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

OMB APP	ROVAL						
OMB Number:	3235-0287						
Estimated average burden							

	hours per response:	0.5
-		

1. Name and Addre	ess of Reporting Perso	n*	2. Issuer Name <b>and</b> Ticker or Trading Symbol Colfax CORP [ CFX ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) 420 NATIONAL BUSINESS PARKWAY 5TH FLOOR			3. Date of Earliest Transaction (Month/Day/Year) 08/26/2014	x	Officer (give title Other (specify below) below)			
(Street) ANNAPOLIS JUNCTION	MD	20701	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing ( Form filed by One Repor Form filed by More than ( Person	ting Person		
(City)	(State)	(Zip)						

#### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock, par value \$.001	08/26/2014		S		1,120	D	<b>\$64.5739</b> <sup>(2)</sup>	8,790.3131	D	
Common Stock, par value \$.001								1,584.953 <sup>(1)</sup>	Ι	By 401(k) Plan
Common Stock, par value \$.001								1,000	Ι	By wife
Common Stock, par value \$.001								7.9707	I	By son
Common Stock, par value \$.001								7.9707	I	By son
Common Stock, par value \$.001								7.9707	I	By daughter

# 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/Year)	4. Transa Code ( 8)		5. Number of Derivative Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate	7. Title Amouri Securi Underl Deriva Securi and 4)	nt of ties ying tive ty (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)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Between February 14, 2014 and August 25, 2014, the reporting person acquired 246.447 shares of Colfax common stock under the Colfax 401(k) plan. The information in this report is based on an online report prepared August 25, 2014.

2. The price reported in this row of Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$64.573 to \$64.574, inclusive. The reporting person undertakes to provide to Colfax Corporation, any security holder of Colfax Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (2) to this Form 4.

s/	Α.	Ly	nne	Puckett,	Attorney-	08/28/2014
n.	Fac	nt .				08/28/2014

\*\* 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.