FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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

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Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Colfax CORP [CFX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Kiefaber Clay</u>						COITUA COINI [GFA]								X Director			10% (Owner	
														X		er (give title		(specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								pelow) below)					
420 NATIONAL BUSINESS PARKWAY					03/	03/30/2015								ESAB Global CEO & EVP - Colfax					
5TH FLOOR																			
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
ANNAPOLIS MD 20701												X Form filed by One Reporting Person							
JUNCTION WID 20701													Form filed by More than One Reporting Person						
(City)	(5	itate) (Zip)																
		Tabl	e I - N	Non-Deriv	ative	Sec	uritie	s Ac	quire	ed, Di	sposed o	f, or E	Benefici	ially (Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						Execution Date, (ear) if any		·	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			d 5) Secur Bene Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock, par value \$.001 03/30/201					15		S ⁽¹⁾		8,454	D	\$47.93	'.9364 ⁽²⁾		5,767	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/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			ative derity Se Se Ow Fo Re	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (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 Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on December 12, 2014. These shares were sold to meet tax obligations relating to the delivery of performance-based restricted stock units.
- 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 \$47.65 to \$48.12 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 seperate price within the ranges set forth in footnote (2) to this Form 4.

Remarks:

/s/ A. Lynne Puckett, Attorney-04/01/2015 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.