FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL      |           |  |  |  |  |  |  |  |  |
|-------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:       | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average | burden    |  |  |  |  |  |  |  |  |

0.5

hours per response:

| 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

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|--|---|--|---|--|--|------------------|---|----------|------------------------------------|--------|---|--------|---|---|---|--|---|--|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person*  Jordan Rhonda L    |   |  |   |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Colfax CORP [ CFX ] |                  |   |          |                                    |        |   |        |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |  |   |  |  |                                       |  |
| JORGAN KNONGA L  |   |  |   | Some Corre   |  |                  |   |          |                                    |        |   |        |   | X   | Dired   | ctor   |   | 10% O  | wner   |                                       |  |
| (Last) (First) (Middle) KRAFT FOODS INC., THREE LAKES DRIVE  |   |  |   |  | 3. Date of Earliest Transaction (Month/Day/Year) 12/30/2011            |                  |   |          |                                    |        |   |        |   |   | Officer (give title below)                            |  | Other below)  |  | (specify   |                                       |  |
|  |   |  |   | 4. If  | 4. If Amendment, Date of Original Filed (Month/Day/Year)               |                  |   |          |                                    |        |   |        |   |   | 6. Individual or Joint/Group Filing (Check Applicable |  |   |  |  |                                       |  |
| Street) NORTHFIELD IL 60093                                  |   |  |   | The state of the s |  |                  |   |          |                                    |        |   |        | Line)  X Form filed by One Reporting Person  Form filed by More than One Reportin |   |   |  |   | on   |  |                                       |  |
| (City)   | (S  | tate) (                                    | Zip)  |  |  |                  |   |          |                                    |        |   |        |   |   |   | Pers   | on  |  |  |                                       |  |
|  |   | Tabl                                       | e I - Nor                                     | -Deriv   | ative  | Se               | curiti  | es Acc   | quired,                            | Dis    | posed o   | f, or  | Ben   | efici   | ally O  | wne  | ed  |  |  |                                       |  |
| 1. Title of Security (Instr. 3)  2. Transar Date (Month/Date |   |  |   |  | ar)  | Execution if any | 2A. Deemed<br>Execution Date,<br>f any<br>Month/Day/Year) |          | Transaction Dis                    |        | I. Securities Acquired (A<br>Disposed Of (D) (Instr. 3,<br>5) |        |   | 4 and Sec<br>Bei<br>Ow  |   | Amount of curities neficially rned Following   |   | wnership<br>n: Direct<br>or Indirect<br>nstr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |                                       |  |
|  |   |  |   |  |  |                  |   |          | Code                               | v      | Amount  |        | (A) or<br>(D)   | Price   | ,  т  | Reported<br>Fransaction(s)<br>[Instr. 3 and 4) |   |  |  | (Instr. 4)                            |  |
| Common Stock, par value \$.001 12/30/                        |   |  |   | /2011  |  |                  |   |          |                                    | 395    |   | A      | \$  | 0   | 47,113  |  |   | D  |  |                                       |  |
| Common Stock, par value \$.001                               |   |  |   |  |  |                  |   |          |                                    |        |   |        |   |   | 6,990   |  |   | I  | By<br>spouse   |                                       |  |
|  |   | Та   | able II - C                                   |  |  |                  |   |          |                                    |        | sed of,<br>onvertib   |        |   |   |   | ned  |   |  |  |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date,  | Code (Inst   |                  |   |          | 6. Date E<br>Expiratio<br>(Month/D | n Date | •   | Amoun  |   |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   |  | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | F<br>[   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |   |  | Codo   | ,,               | (4)   |          | Date<br>Exercise                   |        | Expiration  | Title  | or<br>Nur<br>of   | ount  |   |  |   |  |  |                                       |  |

**Explanation of Responses:** 

/s/ A. Lynne Puckett, Attorney-01/04/2012 in-Fact

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.