## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

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

OMB APPRO	VAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						
	OMB Number: Estimated average burde						

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>Jordan Rhonda L</u>					2. Issuer Name and Ticker or Trading Symbol Colfax CORP [ CFX ]									Relationshi eck all app	olicable)	g Person(s) to I	ssuer Owner	
(Last) KRAFT	`	First) (	(Middle) KES DRIV	 ⁄Е		3. Date of Earliest Transaction (Month/Day/Year) 06/30/2011									Offic below	er (give title w)	Other below	(specify )
	FIELD I		50093		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									e) <mark>X</mark> Forn	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son		
(City)	(		(Zip) le I - Non	Deriv	ativo	Sor	curitic	s A c	nuired	Die	nosed o	f or l	Rono	ficial	ly Own	ad		
The state of the s			2. Transa Date			3. Transa Code (	ction	4. Securi	ities Acquired (A) d Of (D) (Instr. 3,		A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock, par value \$.001			06/30	0/2011				A		454		A \$0		28,153		D		
Table II - D		d Date,	I <b>ts, c</b> 4. Transa	/e Securities Acits, calls, warrant		mber ative rities ired osed	ired, Disposed of, options, convertib  6. Date Exercisable and Expiration Date (Month/Day/Year)				es)	Owned  B. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

**Explanation of Responses:** 

/s/ A. Lynne Puckett, Attorney- 07/05/2011 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.