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
Lalor Angela S
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

5. Relationship of Reporting Person(s) to Issuer
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

Rule 10b5-1(c) Transaction Indication

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

| Title of Security (Instr. 3) | Transaction Date (Month/Day/Year) | Transaction Code (Instr. 8) | Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | Date Exercisable and Expiration Date (Month/Day/Year) | Price of Security (Instr. 5) | Number of Shares Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) |
|-----------------------------|---------------------------------|-----------------------------|---------------------------------------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------------------------------------
| Common stock, par value $0.001 | 05/20/2024 | A | 4,338 A | $0.00 | 11,114 | D |

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 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).


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.