FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington,   | DС   | 20549 |
|---------------|------|-------|
| rvasiliigion, | D.C. | 20040 |

| STATEMENT OF CH | IANGES IN | BENEFICIAL | OWNERSHIP |
|-----------------|-----------|------------|-----------|
|                 |           |            |           |

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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*  OLEARY PATRICK J     |  |         |         |  | 2. Issuer Name and Ticker or Trading Symbol SPX Technologies, Inc. [ SPXC ] |  |   |   |                  |  |  |  | ck all app                        | ,   |  | rson(s) to Is<br>10% Ov             |   |         |            |
|--|--|---------|---------|--|---|--|---|---|------------------|--|--|--|-----------------------------------|---|--|-------------------------------------|---|---------|------------|
| (Last)   | (Fi  | rst) (ľ | Middle) |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2024                 |  |   |   |                  |  |  |  |                                   | Office<br>below   | er (give title   |                                     | Other (s<br>below)                                  | specify |            |
| C/O SPX TECHNOLOGIES, INC.<br>6325 ARDREY KELL ROAD, SUITE 400 |  |         |         |  | 4. If A   | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |   |   |                  |  | Line)  | 6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person                  |                                   |   |  |                                     |   |         |            |
| (Street) CHARLOTTE NC 28277                                    |  |         |         |  |   |  |   |   |                  |  |  | Form filed by More than One Reporting<br>Person  |                                   |   |  |                                     |   |         |            |
| (City)   | (St  | ate) (2 | Zip)    |  | $ _{\Box}$  | Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |   |   |                  |  |  |  | ten pla                           | n that is inter   | nded to  |                                     |   |         |            |
|  |  | Table   | I - Nor | n-Deriva                               | tive S  | Secu   | rities                                  | Acq   | uired,           | Dis  | osed of                                      | , or E   | Bene                              | ficial  | ly Own   | ed                                  |   |         |            |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da     |  |         |         | Execution Date                         |   | Date,  | Transaction Disposed Of Code (Instr. 5) |   |                  | es Acquired (A) or<br>Of (D) (Instr. 3, 4 an |  |  | Benefic<br>Owned                  | ies<br>cially<br>Following  | Form<br>(D) o  | n: Direct<br>r Indirect<br>nstr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |         |            |
|  |  |         |         |  |   |  |   |   | Code             | v  | Amount                                       | (A)<br>(D)   | or F                              | Price   | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                     |                                     |   |         | (Instr. 4) |
| Common Stock 05/14/  |  |         |         | 2024                                   |   |  | <b>A</b> <sup>(1)</sup>                 |   | 998              | 998 A  |  | (1)  | 39,701(2)                         |   |  | D                                   |   |         |            |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |         |  |   |  |   |   |                  |  |  |  |                                   |   |  |                                     |   |         |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)            | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any  |         |         | Transaction of Code (Instr. Derivative |   | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year)   |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |                  | D<br>S<br>(I                                 | Price of<br>erivative<br>ecurity<br>nstr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у                                 | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                     |   |         |            |
|  |  |         |         |  | Code  | v  | (A)                                     | (D)   | Date<br>Exercisa | able   | Expiration<br>Date                           | Title  | Amor<br>or<br>Numl<br>of<br>Share | ber   |  |                                     |   |         |            |

## **Explanation of Responses:**

- 1. Grant of restricted stock units under the SPX 2019 Stock Compensation Plan.
- 2. Includes unvested restricted stock units.

/s/ John Nurkin, Attorney in Fact for Patrick J. O'Leary

05/16/2024

\*\* 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).
- \*\* 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.