FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

	or Section 30(h) of the Investment Company Act of 1940	_
Filed	I pursuant to Section 16(a) of the Securities Exchange Act of 1934	

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1. Name and Address of Reporting Person* Sproule Scott William									icker or Tr PXC]	ading	Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify				vner		
(Last) (First) (Middle) C/O SPX CORPORATION 13320 A RALLANTYNE CORPORATE DLACE					Date (est Tra	nsaction (Month	n/Day/Year		X Ollicer (give title Other (specify below) VP, CFO and Treasurer							
13320-A BALLANTYNE CORPORATE PLACE (Street) CHARLOTTE NC 28277					4.1	f Ame	endmen	it, Date	e of Origin	al File	d (Month/I		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)												Perso	11			
1 Tido of	Caarreiter (Inc.		ole I - Noi			_	curiti		cquired	l, Di	1				Ily Owned		6 Ow	vnership	7. Nature
Da				Date	ransaction e nth/Day/Year)		Executi if any (Month/	c, Transaction Code (Instr. 8)		n Dispose r. 5)			3, 4 an	d Securiti Benefic Owned Reporte	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		: Direct r Indirect str. 4)	of Indirect Beneficial Ownership (Instr. 4)	
				00/0	2/201				Code	_	Amoun		(A) or (D)	Price	(Instr. 3	and 4)		_	
Common Stock 08/20 Common Stock				J/201	/2018			F ⁽¹⁾		1,52	22	D	\$34.	_	,785 ⁽²⁾ ,033			401(k)	
		-	Table II -	 Deriva	tive	Sec	uritie	s Ac	quired,	Dis	osed o	f, or	Benef	iciall	y Owned				Plan
4 Till4	T.	. Turnerskin				call	_				convert	_			. O Britan of	la Nombre		10	I dd Nistoni
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,		ransaction Code (Instr.		n of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title		Amount or Number of Shares	1				
Employee stock option to purchase common stock	\$12.36								10/13/20	18 ⁽³⁾	10/13/2025	Con St	nmon ock	33,168	3	83,166	8	D	
Employee stock option to purchase common stock	\$12.85								03/02/20:	19 ⁽⁴⁾	03/02/2026		nmon ock	46,729)	46,729	9	D	
Employee stock option to purchase common stock	\$27.4								03/01/202	20 ⁽⁵⁾	03/01/2027		nmon ock	19,891		19,89	1	D	
Employee stock option to purchase common stock	\$32.69								02/22/202	21 ⁽⁶⁾	02/22/2028		nmon	17,492	2	17,49	2	D	

Explanation of Responses:

- 1. Shares delivered to the issuer for the payment of withholding taxes due upon the vesting of restricted stock units previously granted under the SPX Corporation 2002 Stock Compensation Plan.
- 2. Includes unvested restricted stock units.
- 3. Vests as to 100% of the shares on the third anniversary of the grant date.
- 4. Vests in three equal installments beginning on March 2, 2017.
- 5. Vests in three equal installments beginning on March 1, 2018.
- 6. Vests in three equal installments beginning on February 22, 2019.

Stefanie Holland, Attorney in Fact for Scott William Sproule

08/22/2018

** 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.