

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

1. Name and Address of Reporting Person* <u>Swann John William III</u> (Last) (First) (Middle) <u>C/O SPX CORPORATION</u> <u>13320-A BALLANTYNE CORPORATE PLACE</u> (Street) <u>CHARLOTTE NC 28277</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>SPX CORP [SPXC]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Pres.-Weil McClain, MEP & Radio</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>02/22/2018</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	02/22/2018		A ⁽¹⁾		8,638	A	(1)	79,076 ⁽²⁾	D	
Common Stock								2,246	I	401(k) Plan

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					
Employee stock option to purchase common stock	\$12.36							10/13/2018 ⁽³⁾	10/13/2025	Common Stock	66,535	66,535	D	
Employee stock option to purchase common stock	\$12.85							03/02/2019 ⁽⁴⁾	03/02/2026	Common Stock	31,776	31,776	D	
Employee stock option to purchase common stock	\$27.4							03/01/2020 ⁽⁵⁾	03/01/2027	Common Stock	13,214	13,214	D	
Employee stock option to purchase common stock	\$32.69	02/22/2018		A ⁽⁶⁾		12,361		02/22/2021	02/22/2028	Common Stock	12,361	12,361	D	

Explanation of Responses:

- Grant of restricted stock units under the SPX Corporation 2002 Stock Compensation Plan.
- Includes unvested restricted stock units.
- Vests as to 100% of the shares on the third anniversary of the grant date.
- Vests in three equal installments beginning on March 2, 2017.
- Vests in three equal installments beginning on March 1, 2018.
- Grant of stock option pursuant to the SPX Corporation 2002 Stock Compensation Plan.

Stefanie Holland, Attorney in Fact for John William Swann, III 02/26/2018

** 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.