SEC Fo	rm 4 FORM	4		STA	TES	55	ECU	RIT	ES	ΔΝΓ) F	ХСНА	NGI	= CC	оммі	SSION					
				ED STATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549														OMB APPROVAL			
Check Sectio obliga Instruc	STAT		d purs	suant	to Sect	tion 16	(a) of t		Estima			er: verage burde sponse:	3235-0287 :n 0.5								
1. Name and Address of Reporting Person [*] <u>Reilly Michael Andrew</u>																5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O SPX CORPORATION 6325 ARDREY KELL ROAD, SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 11/08/2021											X Officer (give title Other (specify below) below) Corp. Controller and CAO					
(Street) CHARLOTTE NC 28277					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 Form filed by More than One Reporting Person						
(City)	(S		(Zip)																		
Table I - Nor 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.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		(A) or	5. Amou Securiti Benefici	nt of es	Form (D) o		7. Nature of Indirect Beneficial Ownership		
									Ē	Code	v	Amount		A) or D)	Price	Reporte Transac (Instr. 3	d tion(s)		,	(Instr. 4)	
Common Stock					11/08/2021				T	S ⁽¹⁾		92	T	D	\$66.7	7 1,3	71 ⁽²⁾		I	401 (k) Plan	
Common Stock																55,	55,014 ⁽³⁾		D		
		٦	Fable II - D													Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, T	Tansa Code (I	ction of Ex			6. Da Expir	5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exerc	cisable		xpiration ate	Title		Amount or lumber of Shares						
Employee stock option to purchase common stock	\$32.69								02/22	2/2021 ⁽	⁴⁾ 02	2/22/2028	Com Sto		3,110		3,110)	D		
Employee stock	\$36.51								02/21	1/2022 ⁽	5) 02	2/21/2029	Com Sto		8,607		8,607	7	D		
option to purchase common stock																					
purchase common	\$50.09								02/20)/2023 ⁽⁾	⁶⁾ 02	2/20/2030	Com Sto		5,628		5,628	3	D		
Employee stock option to purchase common	\$50.09 \$58.34)/2023 ⁽⁾ 1/2024 ⁽⁾		2/20/2030		non	5,628		5,628		D		

Explanation of Responses:

1. Transaction was a sale of common stock held in his 401(k) plan pursuant to an agreement, whereby the Reporting Person elected to rebalance holdings in 401(k) plan. The Reporting Person did not have control over the sale.

2. Includes shares acquired from the Issuer in the Issuer's 401(k) Plan since the last filed Form 4. Based on a report dated March 1, 2021.

3. Includes unvested restricted stock units.

4. Vests in three equal installments beginning on February 22, 2019.

5. Vests in three equal installments beginning on February 21, 2020. Vests in three equal installments beginning on February 20, 2021.

6. Vests in three equal installments beginning on February 20, 2021.

7. Vests in three equal installments beginning on March 1, 2022.

<u>/s/ John Nurkin, Attorney in</u> <u>Fact for Michael A. Reilly</u>

11/12/2021

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.