FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |

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Estimated average burden hours per response:

| 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

| 1. Name and Address of Reporting Person* <u>Smeltser Jeremy W</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol SPX CORP [SPW] | | | | | | | | | Check | all app | licable) | g Person(s) to I: | | |
|--|--|------|-----------|---------|-------|---|------------------|---|----------------|--|--------------------|--|---|----------------------|------------------------------|---|---|---|--------------------|--|
| (Last) (First) (Middle) C/O SPX CORPORATION 13320 BALLANTYNE CORPORATE PLACE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2013 | | | | | | | | | X | belov | v) `` | & CFO | below) | |
| (Street) CHARLOTTE NC 28277 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Indiv ine) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Nor | า-Deriv | ative | Se | curiti | es Ac | quire | l, Dis | posed o | f, oı | r Ben | efici | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ar) i | Execution if any | 2A. Deemed Execution Date, f any Month/Day/Year) | | Transaction Dis | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | 4 and Secur Benef Owne | | cially I Following | 6. Own Form: (D) or (I) (Ins | Direct Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (111501.4) |
| Common Stock 03/01/ | | | | | | 2013 | | F ⁽¹⁾ | | 2,981 | | D | \$80.51 | | 76,571 | |] | D | | |
| Common Stock | | | | | | | | | | | | | | | 1,086 | | | I | 401(k) | |
| | 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) | ative Conversion Date Execution Date, if any | | | | | Transaction Code (Instr. | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | ice of vative rity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerci | able | Expiration Date | Title | or Nu of | ount mber ares | | | | | | |

Explanation of Responses:

1. Shares delivered to the issuer for the payment of withholding taxes due upon the vesting of restricted stock previously granted under the SPX Corporation 2002 Compensation Plan.

Brian Webb, Attorney In Fact for Jeremy W. Smeltser

03/05/2013

** 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.