FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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STATEMEN	T OF CHANGES IN BENEFICIAL OWNE	RSHIP	OMB Number:	3235-0287
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Filod	pursuant to Section 16(a) of the Securities Exchange Act of 1934		hours per response:	0.5
riieu	or Section 30(h) of the Investment Company Act of 1940			
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1. Name and Address of Reporting Person* FOREMAN ROBERT B				2. I SF	2. Issuer Name and Ticker or Trading Symbol SPX CORP [SPW]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				wner			
(Last) (First) (Middle) C/O SPX CORPORATION 13515 BALLANTYNE CORPORATE PLACE					3. Date of Earliest Transaction (Month/Day/Year) 05/07/2007									below)			P HR and Asia Pacific				
(Street)			28277		_ 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					on	
(City)	(S	tate)	(Zip)		-												Perso		o triui	T OHO TROP	orung
		Tab	le I - No	n-Deri	vative	Se	curiti	es A	cquire	ed, [Disp	posed (of, o	r Be	nefic	ially	Owned	d			
1. Title of Security (Instr. 3)		2. Trans Date (Month/		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Co	Transaction Code (Instr.		4. Securities Acquired Disposed Of (D) (Instr 5)				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Co	de \	/	Amount	(A) or (D)		FIIC		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			05/0′	7/2007	7			F ⁽	3)		2,569		D	\$7	8.09	106,236.993			D	
Common	Stock															3,757			I	401(k) Plan	
		7	able II -									sed of onverti					Owned				
Derivative Conversion D		3. Transaction Date (Month/Day/Year)	ed 4. Transa Code ay/Year) 8)			of Ex		Expira	6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		es J Securii	S	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Securities Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficia Ownersh (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	E) Da	cpiration ate	Title	,	Amount or Number of Shares	er					
Employee stock option to purchase common stock ⁽¹⁾	\$58.34								05/10/	2001	05	5/09/2009		nmon ock	1,17	2		1,172		D	
Employee stock option to purchase common stock ⁽¹⁾	\$53.215								11/12/	2001	05	5/09/2009		nmon ock	1,46	8		1,468		D	
Employee stock option to purchase common stock ⁽¹⁾	\$69.43								(2)	01	/01/2012		nmon ock	50,00	00		50,000		D	
Employee stock option to purchase common stock ⁽¹⁾	\$67.695								05/13/	2002	05	5/09/2009		nmon ock	1,98	8		1,988		D	

Explanation of Responses:

- 1. Granted under the SPX Corporation 2002 Stock Compensation Plan or its predecessor plan, the 1992 Stock Compensation Plan.
- 2. Option vested as to 16,668 shares on January 2, 2003 and 16,666 shares on each of January 2, 2004 and 2005.
- 3. 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 Stock Compensation Plan.

Brian Webb, Attorney In Fact for Robert B. Foreman

** Signature of Reporting Person

05/09/2007

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.	