FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

l	OMB APPROVAL									
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number:

Stimated average burden hours per response:

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

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1. Name and Address of Reporting Person* KEARNEY CHRISTOPHER J					2. Issuer Name and Ticker or Trading Symbol SPX CORP [SPW]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					1-	[52.17. 50.11.]									X Dire		or 10% (10% O	wner	
(Last) (First) (Middle)					3. D	Date of Earliest Transaction (Month/Day/Year)									X	Offic	er (give title w)		Other (below)	(specify	
C/O SPX CORPORATION						03/01/2013										Cha	Chairman, President and CEO			0	
13320 BALLANTYNE CORPORATE PLACE																					
13320 BALLANT THE CORFORATE FLACE					. 1 If	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street)				7. "	4. II Americanent, Date of Original Fliet (Month/Ddy/1edf)									Line)					pplicable		
CHARLO	OTTE N	C :	28277													Forn	Form filed by One Reporting Person				
															Forn Pers	n filed by Mor on	re thai	n One Rep	orting		
(City)	(S	tate)	(Zip)																		
		Tab	le I - No	n-Deriv	ative	Se	curiti	es Ac	quired	, Dis	posed o	f, o	r Ber	nefici	ally (Owne	ed				
1. Title of S	ecurity (Ins	tr. 3)		2. Transa	action					3. 4. Securities Acquired (A)					or 5. Amount of				wnership	7. Nature of Indirect	
					Date (Month/Day/Year)		Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4			r. 3, 4 a	Ber		icially	(D) o	Form: Direct (D) or Indirect	Beneficial	
									r) 8)		 				Repo			(I) (Ir 	nstr. 4)	Ownership (Instr. 4)	
									Code	۱v	Amount		(A) or (D)	Price	•		action(s) 3 and 4)				
Common Stock 03/01/2					/2013	2013			F ⁽¹⁾	30,36		9 D \$		\$80).51	291,046			D		
Common	Stock															30	02,876	I By trust			
Common Stock														4,394			I	401(k) Plan			
												<u> </u>						1 1011			
		Ta									osed of, onvertib					vned					
1. Title of	2.	3. Transaction	3A. Deem		4.		_	umber				_	itle and		_	ce of	9. Number o	f 1	LO.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution if any	n Date,	Transa		ı of		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of Securities		Deriv	ative	derivative Securities	0	Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of	(Month/Day/Tear)				Code (Instr. 8)		Securities		Jayrie	ai)	Unc	Underlying		Security (Instr. 5)		Beneficially	0	Direct (D) or Indirect (I) (Instr. 4)	Ownership	
	Derivative Security						Acquired (A) or					Sec	Derivative Security (Instr.			Owned Following		(Instr. 4)			
					Disposed of (D)					and 4)					Reported Transaction	(s)	'				
						(Instr. 3, 4 and 5)										(Instr. 4)					
				+				Ť					Ar	mount	1						
													or								
				Code		/^	(6)	Date	,	Expiration	Title	of									
		I	1	- 1	Code	l۷	(A)	(D)	Exercisa	mie	Date	111116	e Sr	nares	1						

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 Christopher J. Kearney

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.