FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## ANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*  Renzi Anthony A.					2. Issuer Name and Ticker or Trading Symbol SPX CORP [ SPW ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director     10% Owner				
(Last) (First) (Middle) C/O SPX CORPORATION 13320 BALLANTYNE CORPORATE PLACE				7		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2015								X Officer (give title below) Other (specify below)  Pres., Flow Power and Energy			
(Street) CHARLO	OTTE N	С	28277 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tak	le I - Nor	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	eneficia	lly Owned	i		
			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr				red (A) or str. 3, 4 ar	Benefic	es ally	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						(,		Code	v	Amount	(A) (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock			01/0	2/201	.5			F <sup>(1)</sup>		449	D	\$85	92 23,	631(2)	D		
Common Stock		01/0	01/02/2015				A <sup>(3)</sup>		3,554	4 A	(3)	27,	185 <sup>(2)</sup>	D			
Common Stock		01/0	01/03/2015				D <sup>(4)</sup>		1,700	) D	\$(	25,	25,485(2)				
Common Stock			01/0	1/05/2015				F <sup>(1)</sup>		134	D	\$85	87 25,	351 <sup>(2)</sup>	D		
Common Stock													252	I	401(k) Plan		
		-	Table II -								osed of,			y 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/Y	d Date,	4. te, Transactio Code (Inst		5. Number of		6. Date Exercisable Expiration Date (Month/Day/Year)		sable and e	_		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form: Direct (I or Indirect (I) (Insti	Beneficial Ownership ect (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amoun or Numbe of Shares	1			
Employee stock option to purchase common stock <sup>(5)</sup>	\$85.87	01/02/2015			A		11,278		(6)		01/02/2025	Common Stock	11,278	(5)	11,278	3 D	

## **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.
- 2. Includes unvested restricted stock units.
- 3. Grant of restricted stock pursuant to the SPX Corporation 2002 Stock Compensation Plan.
- 4. Forfeiture of restricted stock under the SPX Corporation 2002 Stock Compensation Plan.
- 5. Grant of stock option pursuant to the SPX Corporation 2002 Stock Compensation Plan.
- 6. The option vests in three equal annual installments beginning on January 2, 2016, and the exercise period ends on January 2, 2025.

Brian Webb, Attorney In Fact for Anthony Renzi

01/06/2015

\*\* 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.