FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

wasnington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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

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1. Name and Address of Reporting Person*  Reilly Michael Andrew					2. Issuer Name <b>and</b> Ticker or Trading Symbol SPX CORP [SPXC]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last) (First) (Middle) C/O SPX CORPORATION 13320-A BALLANTYNE CORPORATE PLACE					Date (		st Trai	nsactio	on (Mor	nth/C	ay/Year)		below)		oller a	below)				
(Street) CHARLOTTE NC 28277				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)										G. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(5	state)	(Zip)		<u> </u>															
Table I - Non  1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		,	2A. Deemed Execution Date,		te, 3	e, Transaction Disposed Code (Instr. 5)		of, or Benefici ities Acquired (A) o d Of (D) (Instr. 3, 4 a		(A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									C	Code	v	Amount	(	A) or D)	Price	Transac	ransaction(s) nstr. 3 and 4)			(113411 4)
Common	Stock			02/22	2/201	.8			-	A <sup>(1)</sup>		6,520	)	A	(1)	54,	593 <sup>(2)</sup>		D	401(1)
Common	Stock															71			401(k) Plan	
			Table II -	Derivat (e.g., p	tive uts,	Sec call	urities s, war	Acc	quire ts, op	d, Di	spc s, c	sed of, onvertil	or B ble s	enef ecuri	icially ties)	/ Owned				
1. Title of Derivative Conversion or Exercise Price of Derivative Security			3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of Ex		Expir	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		s ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e s lly	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	N C	Amount or Jumber of Shares					
Employee stock option to purchase common stock	\$12.36								10/13	3/2018 <sup>(3</sup>	1	0/13/2025	Comr		33,267		33,26	7	D	
Employee stock option to purchase common stock	\$12.85								03/02	2/2019 <sup>(4</sup>	0	3/02/2026	Comr Sto		27,664		27,66	4	D	
Employee stock option to purchase common stock	\$27.4								03/01	./2020 <sup>(5</sup>	0	3/01/2027	Comr		10,230		10,23	0	D	
Employee stock option to purchase common	\$32.69	02/22/2018			A <sup>(6)</sup>		9,329		02/2	2/2021	0	2/22/2028	Comr		9,329	(6)	9,329	)	D	

## Explanation of Responses:

- 1. Grant of restricted stock units under the SPX Corporation 2002 Stock Compensation Plan.
- 2. Includes unvested restricted stock units.
- 3. Vests as to 100% of the shares on the third anniversary of the grant date.
- 4. Vests in three equal installments beginning on March 2, 2017.
- 5. Vests in three equal installments beginning on March 1, 2018.
- 6. Grant of stock option pursuant to the SPX Corporation 2002 Stock Compensation Plan.

<u>Stefanie Holland, Attorney in</u> <u>Fact for Michael A. Reilly</u>

02/26/2018

\*\* 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.