FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20049

OMB APPROVAL

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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* CARAVIELLO JAY						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 X Officer (give title Other (specif					
(Last) (First) (Middle) C/O SPX CORPORATION 13515 BALLANTYNE CORPORATE PLACE						3. Date of Earliest Transaction (Month/Day/Year) 01/30/2005											below)		Co-C	below)	specify	
(Street)					4. If	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					
CHARLOTTE NC 28277																Form filed by More than One Reporting Person						
(City)	(S		(Zip) ole I - Nor	n-Deriv	ative	Se Se	curiti	es A	cqu	ired, [Disp	osed o	of, or	Bene	eficia	ally (Owned	L t				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ar)	2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Sector Dispose Code (Instr. 5)			urities Acquired (A) sed Of (D) (Instr. 3, 4			4 and Securiti Benefic		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount	(1	() or ()	Price	(Instr. 3		and 4)				
Common Stock 01/30				/2005	2005			F		2,68	34 D S		\$41	l.5	57,	57,316		D	401(12)			
Common Stock																	4	45			401(k) Plan	
		T	Table II - I)									sed of onverti					wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactior Code (Instr. 8)		n of E		Exp	6. Date Exercisable a Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	e ercisable		piration ate	Title	OI No	umber							
Employee stock option to purchase common stock ⁽¹⁾	\$38.9063									(2)	01	/02/2010	Comm Stocl		2,000			12,000)	D		
Employee stock option to purchase common stock ⁽¹⁾	\$48.44									(3)	01	/01/2011	Comm Stocl		6,000)		16,000)	D		
Employee stock option to purchase common stock ⁽¹⁾	\$69.43									(4)	01	/01/2012	Comm Stocl		0,000			30,000)	D		
Employee stock option to purchase	\$38.57									(5)	01	/02/2013	Comm Stocl		0,000)		30,000)	D		

Explanation of Responses:

stock⁽¹⁾

- 1. Granted under the SPX Corporation 2002 Stock Compensation Plan or its predecessor plan, the 1992 Stock Compensation Plan.
- 2. Vested as to 6,000 shares on each of January 2, 2002 and 2003.
- 3. Vested as to 8,000 shares on each of January 2, 2003 and 2004.
- 4. Vested as to 10,000 shares on each of January 2, 2003, 2004 and 2005.
- 5. Vested as to 10,000 shares on each of January 3, 2004 and 2005 and will vest as to 10,000 shares on January 3, 2006.

C.J. Kearney, Attorney In Fact for Jay Caraviello

02/01/2005

** 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.