FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| pington D.C. 20E40 | = | |
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| nington, D.C. 20549 | ll . | OMB A |
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| STATEMENT OF CHANGES IN DENCEIVAL OWNERSHIP | OMB Number: |

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 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response | e: 0.5 | | | | | | |

| Name and Address of Reporting Person* Vinnakota Rajiv | | | | | 2. Issuer Name and Ticker or Trading Symbol Enovis CORP [ENOV] | | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|---|--|--|---------|---|---|---|--|------------------|---------|--|--|-------------|---|---|---------------|--|--|--|
| (Last) | | | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2023 | | | | | | | | | | r (give title | | Other (s below) | |
| 2711 CENTERVILLE ROAD SUITE 400 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) WILMINGTON DE 19808 | | | | | | Form filed by More than One Reporting Person | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Sec | uritie | s Ac | quire | l, D | isposed | of, o | r Ber | neficia | lly Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | 3. 4. Securities Acquired Disposed Of (D) (Instr. 5) 8) | | | Benefic Owned | ies Form cially (D) Following (I) (I | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | ١ | / Amour | ınt (A) or (D) | | Price | | ted action(s) 3 and 4) | | | (Instr. 4) | |
| Common | stock, par | value \$0.001 | | 05/16 | /2023 | | | | A | | 1,8 | 75 A \$ | | \$0.0 | 0 13 | 13,776 D | | | |
| | | Та | | | | | | | | | posed o | | | | y Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Executior if any (Month/Da | n Date, | Code (Ins | | 5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ıble | Expiration Date | Title | | Amount or Number of Shares | | | | | |
| Director stock option (right to buy) | \$56.76 | 05/16/2023 | | | A | | 4,167 | | 05/16/2 |)23 | 05/16/2030 | Comi stoo par v \$0.0 | ck, alue | 4,167 | \$0.00 | 4,167 | | D | |

Explanation of Responses:

Remarks:

Brian P. Hanigan, attorney-in-

** Signature of Reporting Person

05/18/2023

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.