FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIA	L OWNERSHIP

OMB APPROVAL 3235-0287 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

Name and Address of Reporting Person* Shirley Brady					2. Issuer Name and Ticker or Trading Symbol Enovis CORP [ENOV]								(Ch	elationship eck all app X Direc	,	ng Pers	son(s) to Is:			
(Last) 2711 CE	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/22/2024]	X Office below	er (give title v) Pres.	& CO	Other (s below)	pecify			
SUITE 400					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicabline)						
(Street) WILMINGTON DE 19808														Form filed by One Reporting Person 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.														
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	, Dis	posed of	, or I	Bene	ficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execu ly/Year) if any		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Sec Dispos		Disposed C	ities Acquired (A d Of (D) (Instr. 3,		A) or 3, 4 and	Securi Benefi Owned	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A)) or)	Price		iction(s) 3 and 4)			Instr. 4)		
Common	stock, par v	value \$0.001		02/22/2	2024				A		17,665(1)	<u> </u>	A	\$0.00) 7	77,647 D				
Common	stock, par v	value \$0.001		02/23/2	2024	24		F		7,627(2)]	D	\$63.8	3 7	70,020 D			70,020		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transactio Code (Inst 8)				6. Date Exercisable an Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	y [6]	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Exercis	able	Expiration Date	Title	or Num of	ber						

Explanation of Responses:

- 1. Reflects the certification of the performance criteria for PRSUs previously awarded in 2021. For more details on the PRSUs, please refer to the "Outstanding Equity Awards at 2022 Fiscal Year-End" table on page 44 of Enovis Corporation's proxy statement as filed with the Securities and Exchange Commission on March 31, 2023.
- 2. Represents shares that have been withheld by the Company to satisfy its tax withholding and remittance obligations in connection with the net settlement of certain restricted stock units and performance-based restricted stock units and does not represent a sale by the reporting person.

/s/ Brian P. Hanigan, attorney-02/26/2024 in-fact

** 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.