### Edgar Filing: HOFFEN HOWARD I - Form 4

HOFFEN HO	OWARD I										
Form 4											
August 16, 20	017										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	UNITED	STATES				ND EXC D.C. 205		NGE	COMMISSION	OMB Number:	3235-0287
Check thi if no long subject to	F CHAN	GES I	Expires: January 31, 2005								
	Section 16. SECURITIES							Estimated average burden hours per response 0.5			
Form 5	Filed pur	suant to S	Section 16	5(a) of	the	Securiti	es Ez	xchan	ge Act of 1934,		
obligation may conti		a) of the	Public Ut	ility H	oldi	ing Com	pany	Act o	of 1935 or Sectio	n	
<i>See</i> Instru 1(b).		30(h)	of the Inv	vestme	ent (	Company	y Act	: of 19	40		
(Print or Type R	Responses)										
			2. Issuer Symbol	Name a	nd '	Ticker or 7	Гradin	g	5. Relationship of Reporting Person(s) to Issuer		
			EnerSys	[ENS	]				(Chec	k all applicable	a)
(Last)	(First) (N	Aiddle)	3. Date of Earliest Transaction (Month/Day/Year)X						XDirector		o Owner
C/O METAI	LMARK 1177 AVENUE (	)F THF	08/14/20	-	,				Officer (give below)	titleOth below)	er (specify
	S, 40TH FLOOR	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
	(Street)		4. If Amer			e Original			6. Individual or Jo	oint/Group Filin	ng(Check
	Z NIX 1002C		Filed(Mon	th/Day/Y	ear)				Applicable Line) _X_ Form filed by 0 Form filed by M		
NEW YORK	K, NY 10036								Person		1 0
(City)	(State)	(Zip)	Table	e I - Noi	n-De	erivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Execution Date, if any		3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)			)	Securities Beneficially	6. Ownership Form: Direct (D) or	Indirect Beneficial
		(Month/	Day/Year)	(Instr. Code	,	(Instr. 3, Amount	4 and (A) or (D)		Owned Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock (1)	08/14/2017			A	v	2,920	(D) A	Price \$ 0	25,146.5459 (2)	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

#### Security or Exercise any Code of (Month/Day/Year) Underlying Price of (Month/Day/Year) (Instr. 8) (Instr. 3) Derivative Securities Derivative Securities (Instr. 3 and 4) Security Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) Date Expiration Title Number Exercisable Date Code V (A) (D) **Reporting Owners** Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other

Execution Date, if

3. Transaction Date 3A. Deemed

(Month/Day/Year)

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4.

5.

TransactionNumber

7. Title and

Amount of

Amount or

of

Shares

8. Price of

Derivative

Security

(Instr. 5)

9. Nt

Deriv

Secu

Bene

Own

Follo

Repo

Trans

(Insti

6. Date Exercisable and

Expiration Date

HOFFEN HOWARD I C/O METALMARK CAPITAL 1177 AVENUE OF THE AMERICAS, 40TH FLOOR NEW YORK, NY 10036

## Signatures

1. Title of

Derivative

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Conversion

Karen J. Yodis, by Power of Attorney	08/16/2017		
<b>**</b> Signature of Reporting Person	Date		

# Explanation of Responses:

- 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).
- These shares were granted as deferred stock units and vest upon grant. These deferred stock units are payable six months following a (1) termination of service as a director of the Company, with the right of the Company to clawback the value of the deferred stock unit within one year following a termination of service upon the occurrence of certain events.

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(2) The reporting person has no pecuniary interest in such shares and disclaims beneficial ownership except to the extent ultimately realized.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.