FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | |
|------------------------|---------------------------------------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burd | en | | | | |
| hours per response: | 0.5 | | | | |
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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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>Zuidema Richard W</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol EnerSys [ENS] | | | | | | | | | eck all applic Directo | cable) or | g Pers | 10% Ow | Owner |
|---|---|--|----------------|---|-------|---|--|---|--------------------|---|--|---------------------------|---|--|---|--|-----------------------------------|--|---------------------------------------|
| (Last) (First) (Middle) 2366 BERNVILLE ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/21/2008 | | | | | | | | | 7 | below) | | ation | Other (s below) & Secreta | · | |
| (Street) READIN (City) | | | 19605 (Zip) | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - Nor | n-Deriv | ativ | e Se | curities | s Acq | uired, | Disp | | | | | y Owned | | | | |
| Date | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Dispo | | Dispose | ırities Acquired (A) ed Of (D) (Instr. 3, 4 | | | 5. Amou Securitie Beneficia Owned F | es Fe ially (D Following (I) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transact (Instr. 3 | tion(s) | | | (1130.4) |
| Common | Stock ⁽¹⁾ | | | 05/21 | 1/200 |)8 | | | A | | 11,59 | 93 A \$ 0 37,594 D | | | | D | | | |
| | | - | Table II - | | | | | | | | sed of, onverti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution D | ate, Transac | | | of Derivati Securiti Acquire (A) or Dispose of (D) (II | of E Derivative (M Securities Acquired | | s. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Co | Code | v | (A) | | Date Exercisabl | | xpiration vate | Title | or No | umber | | | | | |
| Stock | \$30.19 | 05/21/2008 | | | A | | 34,895 | | (2) | 0 | 5/21/2018 | Common | 3. | 4,895 | \$0 | 34,895 | (3) | D | |

Explanation of Responses:

- 1. These shares were granted as restricted stock units and vest in four equal installments on May 21, 2009, 2010, 2011, and 2012, subject to acceleration or cancellation upon the occurrence of certain events.
- 2. The options vest in three equal installments on May 21, 2009, 2010, and 2011, subject to acceleration or cancellation upon the occurrence of certain events.
- 3. The reporting Person holds an aggregate total of 471,694 option shares with various prices, excercisability and expiration dates.

Karen J. Yodis, by Power of Attorney

** Signature of Reporting Person Date

05/23/2008

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

- * 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.