FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL

	OMB APP	ROVAL					
OWNERSHIP	OMB Number:	3235-0287					
O TTT TELL TOTAL	Estimated average burden						

hours per response:

0.5

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

							() -				ipariy Act								
1. Name and Address of Reporting Person* <u>Sechrist Todd M.</u>					2. Issuer Name and Ticker or Trading Symbol EnerSys [ENS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 2366 BERNVILLE ROAD				3. Date of Earliest Transaction (Month/Day/Year) 05/12/2015								2	Officer below)	Officer (give title below) President, E		Other (s below) IEA	pecify		
(Street) READIN (City)			19605 (Zip)		- 4. I -	If Ame	endment, [Date o	f Original	Filed	(Month/Da	ay/Ye	ar)	Line	Form fi	led by One led by Mor	Repo	(Check App rting Persor One Repor	1
		Tab	le I - Nor	n-Deri	vativ	e Se	curities	s Acc	quired,	Dis	osed o	of, o	r Bene	ficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,		Transaction Dispose Code (Instr. 5)			rities Acquired (A) o			5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	Transacti (Instr. 3 a	ion(s)			11130.4)
Common Stock ⁽¹⁾ 05/12			2/2015	2015(2)			A		10,948		A	\$0.00	52,136.0318			D			
		-	Гable II -								sed of, onverti				Owned				
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution I if any (Month/Day	Date, //Year) -	Code (8)	ransaction of Der Sec Acc (A) Dis		ve es d ed nstr.	6. Date E: Expiratio (Month/D	n Date	of Securities Underlying Derivative Secur (Instr. 3 and 4) Amo or Num of		ecurity 4) amount	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

\$68.4

1. These shares were granted as performance market share units and vest one-hundred percent on May 12, 2018, subject to acceleration and cancellation upon the occurrence of certain events. Each market share unit converts into the number of shares of common stock determined by applying a payout factor to the target number of shares vesting on the third anniversary of the date of grant and the ratio referenced in the following sentence. The payout factor is determined by reference to a ratio of (x)(i) the 90-day average closing price on the vesting date plus an amount equal to reinvested cash dividends during the period between the date of grant and the vesting date, less (ii) the 90-day average closing price on the date of grant, divided by (y) the 90-day average closing price on the date of grant. These shares represent the market share units granted, assuming the payout factor of 100%. The maximum payout factor is 200%.

(3)

- 2. This grant was made after markets had closed.
- 3. The options vest in three equal annual installments beginning on May 12, 2016, subject to acceleration or forfeiture in certain specified circumstances.

10,382

(D)

Remarks:

Stock

Karen J. Yodis, by Power of 05/15/2015 **Attorney**

** Signature of Reporting Person Date

05/12/2025

Commo

10,382

\$0.00

10,382

D

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).

05/12/2015(2)

** 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.