\square

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject | t to |
|-------------------------------------|------|
| Section 16. Form 4 or Form 5 | 0 |
| obligations may continue. See | |
| Instruction 1(b). | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 I | burden | | | | |

Ī

| Т | onie namoon | 0200 | 020. |
|---|-------------------------|------|------|
| l | Estimated average burde | en | |
| | hours per response: | | 0.5 |
| 4 | | | |

| 1. Name and Address of Reporting Person [*] Schmidtlein Michael J (Last) (First) (Middle) 2366 BERNVILLE ROAD | | | 2. Issuer Name and Ticker or Trading Symbol <u>EnerSys</u> [ENS] 3. Date of Earliest Transaction (Month/Day/Year) | | ationship of Reporting Po < all applicable) Director Officer (give title below) | g Person(s) to Issuer 10% Owner Other (specify below) | | |
|--|--|-------|---|------------------|---|--|--|--|
| | | (| 05/12/2019 | | Executive Vice President & CFO | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) | vidual or Joint/Group Fili | ing (Check Applicable | | |
| READING | PA | 19605 | | X | Form filed by One Re | eporting Person | | |
| (City) | (State) | (Zip) | — | | Form filed by More th Person | an One Reporting | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | |

| 1. Title of Security (Instr. 3) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|------------|---|-----------------------------|---|--|---------------|---------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 05/12/2019 | | F ⁽¹⁾ | | 6,014.3258 | D | \$65.73 | 84,602.5429 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and 7. Title and 8. Price of Derivative 1. Title of 3. Transaction 3A. Deemed 5. Number 9. Number of 10. 11. Nature Derivative Security (Instr. 3) Expiration Date (Month/Day/Year) Conversion Execution Date Transaction Amount of derivative Ownership of Indirect Date (Month/Day/Year) of Derivative Code (Instr. 8) Security (Instr. 5) or Exercise if anv Securities Securities Form: Beneficial Beneficially Owned Price of Derivative (Month/Day/Year) Securities Underlying Direct (D) Ownership (Instr. 4) or Indirect (I) (Instr. 4) Acquired Derivative (A) or Disposed Following Reported Security Security (Instr. 3 and 4) of (D) (Instr. 3, 4 and 5) Transaction(s) (Instr. 4) Amount o Number Date Expiration of Code ν (A) (D) Exercisable Date Title Shares

Explanation of Responses:

1. Reflects the number of Market Share Units ("MSUs") surrendered in connection with the settlement of previously vested MSUs into shares of common stock. **Remarks:**

Karen J. Yodis, by Power of Attorney

05/14/2019

** 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.