FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Nashington, | D.C. | 20549 | |
|-------------|------|-------|--|
|-------------|------|-------|--|

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* <u>Long Jeffrey W.</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol EnerSys [ENS] | | | | | | | | | | k all ap _l Dire | olicable) ctor | g Perso | Person(s) to Issuer 10% Owner Other (specif | |
|---|--|------|--|---------|---|---|--|---|------------------|--|--------------------|--|-------------|------------------------------------|-----------------------|----------------------------------|---|---|--|--------------|
| (Last) 2366 BE | (Fii RNVILLE I | , | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/16/2017 | | | | | | | | | | Officer (give title below) President, Americas | | | |
| (Street) READIN (City) | | | 19605 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indi Line) X | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | efic | ially | Own | ed | | | |
| == 11.00 or occurry (our o) | | | 2. Transaction Date (Month/Day/Year) | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | (A) o | 4 and Secu Bene | | icially d Following | 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 | | Transaction(s) (Instr. 3 and 4) | | | | (111341. 4) | | |
| Common Stock | | | | 05/16/ | 05/16/2017 ⁽¹⁾ | | | | F | | 404 | | D | \$83.16 | | 55,830.3281 | | I |) | |
| Common Stock | | | | | | | | | | | | | | | | | 500 | | | By adult son |
| Common Stock | | | | | | | | | | | | | | | | 500 | |] | | By adult son |
| | 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 of Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) Execution Date (Month/Day/Year) | | | | n Date, | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiratio | on Date | ar) | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | estr. 3 | Der Sec (Ins | erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | of e Sha | ares | 1 | | | | | |

Explanation of Responses:

1. Shares were withheld to pay taxes in connection with the vesting of restricted stock units granted to the reporting person on May 16, 2016.

Remarks:

Karen J. Yodis, by Power of <u>Attorney</u>

05/18/2017

** 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.