FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB APPROVAL | | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | | |
| Catimated average burden | | | | | | | | | |

0.5

hours per response:

| Che | eck this box if no longer subject to |
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| Sec | tion 16. Form 4 or Form 5 |
| obli | gations may continue. See |
| Inst | ruction 1(h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | | | | | UI V | Secu | 011 30(11) | or the i | livesille | iii Cu | ilipally Act | 01 194 | 40 | | | | | | | |
|---|---|--------|--|---------|--|------|--------------------|----------|---|--------|--|---|---|----------------------|------------------------------------|----------------------------|---|---|---|--|
| 1. Name and Address of Reporting Person* MARLO DENNIS S | | | | | 2. Issuer Name and Ticker or Trading Symbol EnerSys [ENS] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| | | | | 1 | | | | | | | | | X | Direc | Director | | 10% C | wner | | |
| (Last) (First) (Middle) C/O ENERSYS | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/10/2015 | | | | | | | | | | Office | cer (give title ow) | | Other (specify below) | | |
| 2366 BERNVILLE ROAD | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | G PA | . 1 | .9605 | | | | | | | | | | | | X | | n filed by One | | Ü | |
| , | <u> </u> | | | | | | | | | | | | | | | Pers | n filed by Mo on | re tha | n One Rep | orting |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | es Ac | quired | , Dis | posed o | f, o | r Ben | eficia | ally C | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | cution Date, ny | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 4 and Se Be Ov | | Securities Beneficially | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | . [- | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | |
| Common Stock ⁽¹⁾ 08/10/ | | | | /2015 | 2015 | | | A | | 3,267 | | A | \$0. | 00 | 52,143.8124 | | | D | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deem Execution if any (Month/Da | Date, | Date, Transaction Code (Inst | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Co | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nui of | ount nber ares | | | | | | |

Explanation of Responses:

1. These shares were granted as deferred stock units and vest upon grant. These deferred stock units are payable six months following a 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.

Remarks:

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

08/12/2015

** 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.