FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasinington,	D.C.	20343	

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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).

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

1. Name and Address of Reporting Person* <u>LEHMAN JOHN F</u>					2. Issuer Name and Ticker or Trading Symbol EnerSys [ENS]									tionship of Reportin all applicable) Director		10% C		Owner		
(Last) (First) (Middle) 450 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 10/11/2016										Office below	er (give title w)		Other (specify below)	
6TH FLOOR (Street) NEW YORK NY 10022					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St		Zip)																	
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)						Execution Date,		3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 8) 5)				and Securi Benefi		ties cially 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)				(111511.4)
Common Stock 10/11/2					2016		A		600(1)		A	\$67.34		55,590.0983		D				
Common Stock 10/11/2					2016				A	120 ⁽²⁾ A		\$0.	00	55,710.0983(3)		D				
	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)	/e Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transa Code (1 8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Exercisable		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		nstr. 3 nount mber	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

- 1. In lieu of receiving cash fees, the reporting person received 600 stock units, which immediately vested, in the EnerSys Voluntary Deferred Compensation Plan for Non-Employee Directors (the "Plan").
- 2. This amount reflects a matching stock unit contribution by EnerSys for the reporting person's account in the Plan. The matching stock unit contribution vests 25% on each of January 11, 2017, April 11, 2017, July 11, 2017, and October 11, 2017. Such vesting is subject to acceleration or cancellation upon the occurrence of certain events.
- 3. As a result of these transactions the reporting person has an additional 720 stock units in the Plan. Each of these stock units represents a right to receive one share of EnerSys common stock and is payable upon the reporting person's Termination, as defined in the Plan.

Remarks:

Karen J. Yodis, by Power of Attorney

10/13/2016

** 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.