FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, | D.C. | 20549 | |
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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

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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>FLUDDER STEVEN M</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol EnerSys [ENS] | | | | | | | | | k all app | onship of Reporting Pe all applicable) Director | | rson(s) to Is 10% Ov | | | |
|--|---|----------|---------------------------------|---|---|---|--|-----------------------------------|-----------------|-------------------------------------|--|--------------------------------|-----------------------------------|--|--|--|--|---------------------------------------|------------|--|
| (Last) | (Fir | st) (ľ | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/09/2024 | | | | | | | | | | Office below | er (give title v) | | Other (s below) | specify | |
| C/O ENI 2366 BE | ERSYS RNVILLE | ROAD | | | 4. If A | Amend | ment, | Date o | f Origina | al File | d (Month/Da | y/Year |) | 6. Ind Line) | | vidual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | NG PA | PA 19605 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | nded to | | | | | | |
| | | Table | I - No | n-Deriva | tive S | _ | | | uired, | Dis | posed of | , or E | Benef | iciall | y Own | ed | | | | |
| Date | | | 2. Transac Date (Month/Da | Exec ay/Year) if an | | Deemed cution Date, ny enth/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | 4 and Securi Benef Owner | | cially Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pi | rice | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | non Stock 08/0 | | | 08/09/ | 2024 08/09 | | 3/09/2 | 024 | A | | 2,026(1) | A | | \$0.00 | 17, | ,388.53 | | D | | |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | ion Date, | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) o Dispo of (D (Instr | rities ired r osed) : 3, 4 | Expiration I e (Month/Day s | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | De Se (In | Price of crivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |

Explanation of Responses:

1. These shares were granted as Deferred Stock Units (DSUs) and vest upon grant. These DSUs are payable no earlier than six months following termination of service as a director of the Company, at the director's election, with the right of the Company to clawback the value of the DSUs within one year following a termination of service upon the occurrence of certain events.

Remarks:

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

08/13/2024

** Signature of Reporting Person

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.