FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average	e burden								

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## 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(c). S	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* Shaffer David M				2. Issuer Name <b>and</b> Ticker or Trading Symbol EnerSys [ ENS ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner							
															er (give title		Other (s		
(Loot)	/Ei	rot) (I	Middle)		3 Da	2. Data of Farlicat Transaction (Manth/Day/)(as)									below) below) below)				
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 08/26/2024									President & CEO					
C/O ENI																			
2366 BE	RNVILLE	ROAD												-					
					4. If A	Amend	lment,	Date c	of Origina	al File	d (Month/Da	y/Year)	)	6. Ind	ividual o	r Joint/Grou	p Filing (	(Check A	pplicable
(Street)	IC DA		0.605											V	Form	filed by One	e Report	ting Perso	on
READIN	IG PA	. 1	9605												Form	filed by Mo	re than (	One Repo	orting
															Perso	on			-
(City)	(St	ate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Da		Date,	3. Transaction Code (Instr. 8)				4 and Secur Benef		cially Following	6. Own Form: I (D) or I (I) (Inst	Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or P	rice	Transa	ction(s) 3 and 4)		ľ	(111501.4)
Common Stock 08/26/2				024		S		2,400	D	\$	3100 <sup>(1)</sup>	244,1	140.0056		)				
		Tal	ole II -								osed of,				Owne	d		·	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date,			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of erivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Ov Fo Dii or (I)	o. wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amo or Num of Shar	ber					

## Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$100.00 to \$100.01. The price reported reflects the weighted average sale price. Full information regarding the number of shares sold and the prices at which the transactions were affected is available to the SEC staff, the issuer and any security holder of the issuer, upon request.

## Remarks:

Karen J. Yodis, by Power of Attorney

\*\* Signature of Reporting Person

08/28/2024

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.