Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF	<b>CHANGES IN</b>	<b>BENEFICIAL</b>	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
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* Shaffer David M						2. Issuer Name and Ticker or Trading Symbol EnerSys [ ENS ]								(Che	ck all applic	cable) r	g Pers	on(s) to Issu	ner
(Last) 2366 BE	(F RNVILLE	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/12/2015							X	Officer (give title below)  President 8			Other (s below)	pecify	
(Street) READIN (City)			19605 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line) X					
		Tab	le I - Nor	ı-Deriv	/ativ	e Se	curities	s Acc	quired,	Dis	posed c	f, or Be	nefic	ially	Owned				
Date				Day/Year)   Executio		Execution If any	A. Deemed xecution Date, any Month/Day/Year)		Transaction Di Code (Instr. 5)		curities Acquired (A) esed Of (D) (Instr. 3, 4		4 and Securitie Benefici		s ally ollowing	Form	: Direct C Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	r Pri	се	Transact (Instr. 3 a	ion(s)			
Common Stock <sup>(1)</sup> 05/12/2				/2015	2015 <sup>(2)</sup>		А		16,51	7 A \$0.0		0.00	0 69,863.0315			D			
		-	Γable II -									or Ben ble sec			Owned				
Derivative Conversion Date Exercise (Month/Day/Year) if an		3A. Deemed Execution I if any (Month/Day	Date, Trans		nsaction de (Instr. Securi Acquii (A) or Dispoor of (D)		of Ex Derivative Securities Acquired		. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	is Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisabl		Expiration Date	Title	Amo or Num of Share	ber					
Stock	\$68.4	05/12/2015 <sup>(2)</sup>			A		15,662		(3)	0	5/12/2025	Common	15,6	662	\$0.00	15,662	2	D	

## **Explanation of Responses:**

- 1. These shares were granted as performance market share units and vest one-hundred percent on May 12, 2018, subject to acceleration and cancellation upon the occurrence of certain events. Each market share unit converts into the number of shares of common stock determined by applying a payout factor to the target number of shares vesting on the third anniversary of the date of grant and the ratio referenced in the following sentence. The payout factor is determined by reference to a ratio of (x)(i) the 90-day average closing price on the vesting date plus an amount equal to reinvested cash dividends during the period between the date of grant and the vesting date, less (ii) the 90-day average closing price on the date of grant, divided by (y) the 90-day average closing price on the date of grant. These shares represent the market share units granted, assuming the payout factor of 100%. The maximum payout factor is 200%.
- 2. This grant was made after markets had closed
- 3. The options vest in three equal annual installments beginning on May 12, 2016, subject to acceleration or forfeiture in certain specified circumstances.

## Remarks:

Karen J. Yodis, by Power of Attorney 05/15/2015

\*\* 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.