Form 3 July 23, 2008	TES SECURITIES ANI	D EXCHANGE COM	MISSION	OMB AF	PROVAL
FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549			OMB Number:	3235-0104	
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES					January 31, 2005 Iverage rs per 0.5
(Print or Type Responses)					
1. Name and Address of Reporting Person <u>*</u> Reynolds Mitzi	2. Date of Event Requiring Statement 3. Issuer Name and Ticker or Trading Symbol Colfax CORP [CFX] (Month/Day/Year)				
(Last) (First) (Middle)		4. Relationship of Reporting 5. If A		Amendment, D Month/Day/Yea	e
8730 STONY POINT PARKWAY, SUITE 150		(Check all applicable)			
(Street) RICHMOND, VA 23235	Director10% Owner XOfficerOther Filing(Check Applica (give title below) (specify below)X_ Form filed by Or VP - Investor RelationsForm filed by Mo Reporting Person		ble Line) e Reporting		
(City) (State) (Zip)	Table I - No	on-Derivative Securitie	es Benefici	ally Owned	l
1.Title of Security (Instr. 4)	2. Amount of 3 Beneficially O (Instr. 4)		4. Nature of Ownership (Instr. 5)	Indirect Benef	icial

No securities beneficially owned

Reynolds Mitzi

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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SEC 1473 (7-02)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
		771 '-1	Derivative	Security:	
		Title	Security	Direct (D)	

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Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Reynolds Mitzi 8730 STONY POINT PARKWAY, SUITE 150 RICHMOND, VA 23235	Â	Â	VP - Investor Relations	Â	
Signatures					

Signatures

/s/ G. Scott Faison,	07/23/2008
Attorney-in-Fact	0772372008

**Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

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Remarks:

Exhibit List - Exhibit 24 - Power of Attorney for Mitzi Reynolds

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.