FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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

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* JASKA JAMES M | | | | | | 2. Issuer Name and Ticker or Trading Symbol BWX Technologies, Inc. [BWXT] | | | | | | | | | lationship ck all appli Directo | , | | rson(s) to Issuer | |
|---|--|------------|---|--------|---|--|---|------|---|------------|-----------------------------|-----------------|-----------------------------------|---|---|--|---|--|--|
| (Last) (First) (Middle) 800 MAIN STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/13/2019 | | | | | | | | | | (give title | | Other (below) | specify | |
| 4TH FLOOR (Street) LYNCHBURG VA 24504 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (City) | | | (Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting |
| | | Tab | le I - Non | -Deriv | ative | Se | curitie | s Ac | quired, | Dis | osed o | of, or Be | enefic | ially | Owned | k | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | ities Acqui d Of (D) (In | | 4 and Securiti Benefic | | ies Fo ially (D Following (I) | | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | Amount | (A) or (D) | | ice | Transac (Instr. 3 | tion(s) | | | | | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | Amount of | | of S Ig e Secur | S | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amou or Numl of Share | per | | | | | |
| Dividend Equivalent Rights | (1) | 12/13/2019 | | | A | | 25.16 | | (1) | | (1) | Common Stock | 25.1 | 16 | \$0 | 215.8 | | D | |

Explanation of Responses:

1. The dividend equivalent rights accrued on four restricted stock unit grants of which the reporting person has elected to defer receipt of the shares underlying the RSUs. Each RSU and DER represent a contingent right to receive one share of BWXT common stock. In accordance with the deferral election, the DERs will be delivered to the reporting person proportionately with the RSUs to which they relate.

Remarks:

/s/ James M. Jaska by Theresa B. Taylor, attorney-in-fact 12/16/2019

** 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.