FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| OMB APPROVAL | | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | hurden | | | | | | | | |

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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Geveden Rex D | | | | 2. Issuer Name and Ticker or Trading Symbol BWX Technologies, Inc. [BWXT] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|--|--------------|---|--------|---|----------|--------------------------------------|--|--|----------------------|----------------------|--|---|---|---|--|--|
| Geveue | eli Kex D | | | | | | | | | | - | | | X Directo | (give title | | 10% Ow Other (s | |
| (Last) | (F IN STREET | irst) | (Middle) | | | of Earlies | t Transa | action (Month/Day/Year) | | | | | below) | | | below) | | |
| 4TH FLO | _ | L | | | | | | | | | | | | | | | | |
| | | | | | 4. If | Ame | endment, | Date of | Original | Filed | (Month/Day | /Year) | 6. Ir | ndividual or J | oint/Group I | Filing (| Check App | icable |
| (Street) LYNCH | BURG V | Α | 24504 | | | | | | | | | | - 1 | , | ed by One | Report | ting Person | |
| | | | | | | | | | | | | | | Form fi Person | ed by More | than (| One Report | ing |
| (City) | (S | state) | (Zip) | | | | | | | | | | | | | | | |
| | | Та | ble I - Noi | n-Deriva | ative | e Se | curitie | s Acq | uired, | Dis | posed of | , or Ber | neficiall | y Owned | | | | |
| Date | | | Date | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Of Code (Instr. | | es Acquired (A) or Of (D) (Instr. 3, 4 an | | Beneficia Owned F | s Illy ollowing | Form: | Direct I Indirect I tr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | Code | | | | | v | Amount | (A) or (D) | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common | Stock | | | 03/02 | 2/2018 | | | | M | | 7,074 | A | \$0 | 24, | 536 | | D | |
| Common Stock | | | 03/02 | 02/2018 | | | | F | | 2,129 D \$ | | \$63.7 | 22,407 | | | D | | |
| | | | Table II - | | | | | • | , | | osed of, onvertib | | , | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Da | ate, Transaction Code (Instr. | | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | :e | of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported | re es ally ig d | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Co | ode \ | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | ni(s) | | |
| Restricted Stock Units | \$0.0 | 03/02/2018 | | N | М | | | 7,074 | (1) | | 03/01/2020 | Common Stock | 7,074 | \$0 | 14,148 | 3 | D | |
| Restricted Stock | \$0.0 | 03/02/2018 | | | A | | 18,519 | | (2) | | 03/02/2021 | Common | 18,519 | \$0 | 18,519 | | D | |

Explanation of Responses:

- 1. Restricted stock units vest in three equal annual installments beginning March 2, 2018.
- $2.\ Restricted\ stock\ units\ vest\ in\ three\ equal\ annual\ installments\ beginning\ March\ 2,\ 2019.$

Remarks:

/s/ Rex D. Geveden, by Theresa B. Taylor, attorney-in-fact

03/06/2018

** 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.