| SEC For | m 4 FORM | 4 U | JNITED |) STA | TES | SE | | | | | | NGE | cc | OMM | ISSION | | | | |
|---|---|--|---|--|--|---|---|---------------------------|-------------------------|---|--------------------|--|---------------|---|--|---|--|--|---|
| | | | | | | Washington, D.C. 20549 | | | | | | | | | | | OMB APPROVAL | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | A pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | SHIP | Estim | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | |
| 1. Name and Address of Reporting Person [*] JASKA JAMES M | | | | | BW | 2. Issuer Name and Ticker or Trading Symbol BWX Technologies, Inc. [BWXT] | | | | | | | | | 5. Relationship of Reporting (Check all applicable) X Director | | | son(s) to Iss 10% O | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/07/2023 | | | | | | | | | | Officer (give title Other (specie below) below) | | | | specify |
| 800 MAIN STREET 4TH FLOOR (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| LYNCHBURG VA 24504 | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | -Deriv | ative | Se | curities | s Ac | quired, | Dis | posed o | of, or | Bene | eficial | ly Owned | k | | | |
| Date | | | | 2. Transa Date (Month/E | Execution Dat | | | Date | Code (Instr. | | | | | (A) or 3, 4 and | 4 and Securities Beneficially Owned Fol | | Form (D) o | : Direct | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A (C |) or) | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| | | Т | | | | | | | juired, Di s, option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transactior Code (Instr. 8) | | 5. Num of Derivat Securit Acquir (A) or Dispos of (D) (Instr. 3 and 5) | tive ties ed sed | Expiration | Date Exercisable and xpiration Date Aonth/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative See (Instr. 3 and 4 | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4) | s lly | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | OI N Of | umber | | | | | |

Explanation of Responses:

(1)

1. The dividend equivalent rights accrued on five 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.

(1)

Remarks:

Dividend

Equivalent Rights

/s/ James M. Jaska by Theresa

B. Taylor, attorney-in-fact

38.81

\$<mark>0</mark>

Commor

Stock

(1)

<u>a</u> <u>09/11/2023</u>

789.62

D

** Signature of Reporting Person Date

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

 \ast If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

09/07/2023

** 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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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.

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