FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	s)															
1. Name and Address of Reporting Person *- LEMAITRE PHILIPPE					2. Issuer Name and Ticker or Trading Symbol HELIOS TECHNOLOGIES, INC. [HLIO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
1500 WEST UNIVERSITY PKWY					3. Date of Earliest Transaction (Month/Day/Year) 06/04/2021							Office	r (give title belo	ow)	Other (specify	below)	
(Street)			4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person							
SARASC	OTA, FL 3	4243												od by More than	One reporting	r Crson	
(City)	(State)	(Zip)			Ta	ble I	- Nor	ı-Der	ivative	Securities	Acqui	ired, Dispo	osed of, or I	Beneficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year	Exec any		(Instr. 8)		ction	A. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Beneficially Owned Following Reported Transaction(s)			Form:	7. Nature of Indirect Beneficial	
				(Moi	(Month/Day/Year			ode	V	Amoun	(A) or t (D)	Price	(Instr. 3 a	tr. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	
Common	Stock		06/04/2021					4		1,375	1 \$	\$ 73.53	55,463			D	
			Table II					quire	the f	orm dis	splays a o	curre eficial	ntly valid	OMB conf	spond unle trol numbe		
	I_							ts, op			tible secu			0.71.0		2 4 2	44.37
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transactio Date (Month/Day/	Year) Execution D	ate, if	te, if Transaction Code Year) (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amo Und Secu	itle and ount of erlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Securit Direct of Or India	Beneficia Ownershi y: (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	n Title	Amount or Number of Shares				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LEMAITRE PHILIPPE 1500 WEST UNIVERSITY PKWY SARASOTA, FL 34243	X					

Signatures

/s/ Melanie M. Nealis, Attorney-in-Fact for Philippe Lemaitre	06/08/2021	
**Signature of Reporting Person	Date	

Explanation of Responses:

- * 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.

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.