SYPRIS SOLUTIONS INC

Form 4 April 05, 2016

FORM 4

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

Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average

burden hours per response...

OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *

2. Issuer Name and Ticker or Trading Symbol

SYPRIS SOLUTIONS INC [SYPR]

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

below)

3. Date of Earliest Transaction

X_ Director

Officer (give title

X 10% Owner

Other (specify

C/O SYPRIS SOLUTIONS. INC., 101 BULLITT LANE, STE

(Street)

(State)

450

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

LOUISVILLE, KY 40222

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 2A. Deemed 1. Title of Security (Month/Day/Year) Execution Date, if (Instr. 3)

4. Securities 3. TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)

7. Nature of Indirect Beneficial Ownership (Instr. 4)

(A)

Transaction(s) (D) Price

(Instr. 3 and 4)

Common 04/04/2016 6.000 A Α <u>(2)</u> Stock (1)

2,398,305

GFP I, LP

Common Stock

(3)

D

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

1

Check this box

if no longer subject to Section 16.

Form 4 or

1(b).

See Instruction

GILL R SCOTT

(Last)

(First)

(Middle)

(Zip)

(Month/Day/Year) 04/04/2016

4. If Amendment, Date Original

Filed(Month/Day/Year)

(City)

(Month/Day/Year)

Code

V Amount

1,356,557.079

Ι

SEC 1474

(9-02)

number.

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

1. Title of	2.	3. Transaction Date		4. T	5.	6. Date Exer		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		ionNumber	Expiration D		Amou		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	(Year)	Under	, ,	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(211512
					4, and 5)						
					4, and 3)						
									Amount		
						.	.		or		
						Date	Expiration	Title	Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships		
. 9	Director	10% Owner	Officer	Other
GILL R SCOTT				
C/O SYPRIS SOLUTIONS, INC.	X	X		
101 BULLITT LANE, STE 450	Λ	Λ		
LOUISVILLE, KY 40222				

Signatures

Anthony C. Allen by Power of Attorney on file with the Commission

04/05/2016

**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).
- (1) Stock granted pursuant to the 2015 Sypris Omnibus Plan and the Directors' Compensation Program thereunder.
- (2) The only consideration for which is service as a Director.
- Consists of limited partnership interests of GFP I,LP, a DE limited partnership. The reporting person is a limited partner of GFP I,LP and a director, executive officer and 50% shareholder of Gill Family Capital Management, Inc., the general partner of GFP I, LP.

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.

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