Edgar Filing: SYPRIS SOLUTIONS INC - Form 4

SYPRIS SOI	LUTIONS INC											
Form 4												
April 04, 201	17											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION										PROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check the				0					Expires:	January 31		
if no long subject to		MENT O	F CHAN	GES IN I	BENEFI	CIAI	LOW	NERSHIP OF	. 200			
Section 1				SECURITIES					Estimated average burden hours per			
Form 4 o	r								response			
Form 5	*						•	e Act of 1934,				
obligation may cont				•	•	• •		1935 or Section	n			
See Instru		30(h)	of the In	vestment	Company	y Act	of 194	10				
1(b).												
(Print or Type F	Pernonses)											
(I fint of Type I	(csponses)											
1. Name and A	ddress of Reporting	g Person *	2 Issue	Name and Ticker or Trading				5. Relationship of Reporting Person(s) to				
Larochelle Paul G Symbol				S SOLUTIONS INC [SYPR]				Issuer				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check					c all applicable)				
(Last)	(1130)	(Wildule)	(Month/E					Director 10% Owner				
101 BULLI	IT LANE, SUI	TE 450	04/01/2	-				Officer (give title Other (specify				
	,							below) VP Sales	below) Strategic Initia	atives		
			4 70 4	1					-			
				ndment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mor	nth/Day/Year)				Applicable Line) _X_ Form filed by (One Reporting Pe	rson		
LOUISVILI	LE, KY 40222							Form filed by M				
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-De	erivative S	ecuri	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da	ate 2A. Dee	med	3.	4. Securit			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year	n Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct				
(Instr. 3)		any (Month/	Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					-		Beneficial Ownership		
		(infoliation	Duy/Teur)	(Insu: 0)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(Instr. 5 and 4)				
Common	04/01/2017			А	15,000	А	\$0	157,133	D			
Stock (1)							(2)					
Common	04/01/2017			F	10,213	D	\$	146,920	D			
Stock (3)	01/2017			1	10,213	D	1.06	140,720	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 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 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Larochelle Paul G 101 BULLITT LANE, SUITE 450 LOUISVILLE, KY 40222			VP Sales&Strategic Initiatives				
Signatures							
Andrea J. Luescher by Power of Attor Commission	04/04/2017						
<u>**</u> Signature of Reportin	g 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) Restricted Stock grant pursuant to the 2015 Sypris Omnibus Plan, which vests 100% on the third anniversary of the grant date.
- (2) The only consideration for which is services as an employee.
- (3) Restricted stock award under the 2010 Sypris Omnibus Plan which vested 100% on April 1, 2017.

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.