Edgar Filing: SIFCO INDUSTRIES INC - Form 4/A

SIFCO INDU	STRIES INC	2									
Form 4/A											
February 05, 2	2015										
FORM	4									PROVAL	
UNITED STATES SECURIT.					FIES AND EXCHANGE COMMISSION ington, D.C. 20549					3235-0287	
Check this box									Expires:	January 31,	
if no longe subject to	STAT	EMENT O	F CHANG	GES IN B	ENEFI	CIAL	OW	NERSHIP OF	20		
Section 16.				SECURITIES					Estimated average burden hours per		
Form 4 or									response	•	
Form 5	Filed	pursuant to	Section 16	(a) of the	Securitie	es Ex	chang	e Act of 1934,	•		
obligations	Section	•					•	f 1935 or Sectio	n		
may contir <i>See</i> Instruc 1(b).	iue.		of the Inv	•	•						
1(0).											
(Print or Type Re	esponses)										
1. Name and Address of Reporting Person _ 2. Issuer				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
GOTSCHALL JEFFREY P				Symbol SIFCO INDUSTRIES INC [SIF]				Issuer			
	-										
(Last)	(First)	(Middle)	2 Data of I					(Check all applicable)			
				Date of Earliest Transaction onth/Day/Year)				X_ Director 10% Owner			
SIFCO INDUSTRIES INC, 970 01/28/20				•				Officer (give titleOther (specify			
EAST 64TH STREET			01/20/20	8/2013				below) below)			
LIGTOTI			4 76 4		o · · · 1			< T 11 1 1 T			
Filed(1				. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				led(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
CLEVELAN	D OH 44103	2	01/30/20	13					Nore than One Re		
CLEVELAN	D, 011 4410.)						Person			
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction			3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				5. Amount of	Indirect (I)		
Security	(Month/Day/Y		ion Date, if					Securities			
(Instr. 3)		any (Month	n/Day/Year)					Beneficially Owned		Beneficial Ownership	
		(WOIII	Day/ 1 cal)				5)	Following		(Instr. 4)	
								Reported	. ,	(
						(A) or		Transaction(s)			
				Code V	Amount		Price	(Instr. 3 and 4)			
SIFCO											
Industries,											
Inc.	01/28/2015			А	802	А	<u>(1)</u>	160,820	D		
Common											
stock											

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

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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)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	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				
GOTSCHALL JEFFREY P SIFCO INDUSTRIES INC 970 EAST 64TH STREET CLEVELAND, OH 44103	Х						
Signatures							
Elizabeth Button - by power of attorney		02/05/20	015				
**Signature of Reporting Person		Date					
Evalenction of De	~~~~						

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).

The Form 4 filed on 1/30/15 inadvertently stated Mr. Gotschall had been granted 1,476 shares of restricted shares of SIFCO Industries,
 (1) Inc. common stock. The filing should have reflected 802 shares of restricted shares of SIFCO Industries, Inc. common stock. Restriction to lapse on the day immediately preceding the one year anniversary date of this award.

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.