FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| STATEMENT | OF CHANGE | S IN BENEFIC | CIAL OWN | ERSHIP |
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| OMB APPROVAL | | | | | | | | | |
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| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response | . 05 | | | | | | | | |

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

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

| Name and Address of Reporting Person* <u>Brinkley John F</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol SYPRIS SOLUTIONS INC [SYPR] | | | | | | | | k all app Direc | tor | ng Pers | 10% Ov | ner | | |
|--|---|---------|----------------|--|---|--|---------|---|---|-----------------|--|--|---|---|--|---|---------|---------------|--------|
| (Last) | (Fir | st) (M | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/25/2023 | | | | | | | Office below | er (give title /) | | Other (s below) | pecify | | |
| 46 GULI | L POINT R | OAD | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indi Line) | 6. Individual or Joint/Group Filing (Check Applicabl Line) | | | | | | |
| (Street) HILTON ISLAND | | 2 | 9928 | | | | | | | | | | | X | | filed by One filed by Mo on | | Ü | |
| (City) | (Sta | ate) (Z | Zip) | | $ _{\square}$ | Check tl | his box | to indic | cate that | a trans | tion Indi saction was m ons of Rule 10 | ade pur | suant t | | | uction or writt | en plan | that is inter | ded to |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | , Dis | posed of | , or B | Benef | ficially | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution Date | | Date, | Transaction Dispose Code (Instr. 5) | | Disposed C | ies Acquired (A) o Of (D) (Instr. 3, 4 | | A) or , 4 and | 5. Amo Securit Benefic Owned Report | ties cially Following | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) (D) | PI | rice | Transa | action(s) 3 and 4) | | | msu. 4) | | |
| Common | Stock ⁽¹⁾ | | | 08/25/2 | 2023 | | | | A | | 2,500 | A | . \$ | 0.00 ⁽²⁾ | 11 | 9,798 | 1 | D | |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Security or Exercise (Month/Day/Year) if any | | | 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) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y D 01 (1) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amou or Numb of Share | ber | | | | | |

Explanation of Responses:

- 1. Stock granted pursuant to the 2020 Sypris Omnibus Plan and the Directors' Compensation Program thereunder, which directs that the shares be granted on the 25th day of August or the next business day if such date falls on a weekend or a holiday.
- 2. The only consideration for which is service as a director.

Remarks:

Andrea J. Luescher by Power
of Attorney on file with the
Commission

08/25/2023

** Signature of Reporting Person Date

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

- * 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.

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.