## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENEF	<b>ICIAL OW</b>	<b>NERSHIP</b>

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).

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

	nd Address of EFFREY	Reporting Person $^*$							er or Tradi		ymbol	.]		elationship of ck all applica Director	able)	g Perso	. ,		
(Last)	,	irst) TIONS, INC.	(Middle)			Date 6		Trans	action (Mo	nth/D	ay/Year)		)	below)	give title Presiden	t and	Other (s below) CEO	specify	
101 BUL	LITT LAN	E, STE 450			4. 1	If Ame	endment,	Date o	f Original F	iled	(Month/Day	y/Year)	6. Inc	dividual or Jo	oint/Group	Filing	(Check App	licable	
(Street)	ILLE K	Y	40222										)	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	itate)	(Zip)		Ri	Rule 10b5-1(c) Transaction Indication													
					Check this box to indicate that a transaction was made pursuant to a the affirmative defense conditions of Rule 10b5-1(c). See Instruction														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.					5. Amount Securities Beneficial Following Reported		Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 ar				(11150.4)	
Common Stock														3,033	,544		D		
Common Stock														23,9	975			By Spouse	
Common Stock													1,918,1	08.923			GFP I, LP <sup>(1)</sup>		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Execut Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Da if any (Month/Day/Y	ate, Transa		saction Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Cod	de \	v	(A)		Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Options (Right to Buy) <sup>(2)</sup>	\$1.65	04/01/2024		A	\		200,000		04/01/2027	(3)	03/31/2029	Common Stock	200,000	\$0.00 <sup>(4)</sup>	<b>\$</b> 0.00 <sup>(4)</sup> 200,000		D		

## **Explanation of Responses:**

- 1. Consists of limited partnership interests of GFP I, LP, a Delaware limited partnership. The reporting person, his spouse, and the trusts for the benefit of his three children are limited partners of GFP I, LP, and the reporting person is a director, executive officer and 50% shareholder in Gill Family Capital Management, Inc., the general partner of GFP I, LP.
- 2. Options granted pursuant to the 2020 Sypris Omnibus Plan.
- 3. Vesting is 100% on the third anniversary of the grant date.
- 4. The only consideration for which is service as an employee.

Andrea J. Luescher by Power of

Attorney on file with the 04/02/2024

Commission

\*\* Signature of Reporting Person Date

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

- $^{\ast}$  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.