FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name ar | SYF | 2. Issuer Name and Ticker or Trading Symbol SYPRIS SOLUTIONS INC [SYPR] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | | |
|--|---|---|---------|--|---|---|---|---------------------------------|---|--------------------|--|---|----------------|--|-----------|---|--|---|--|---|
| (Last) 101 BUL | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2017 | | | | | | | | | | icer (give title ow) Vice President | | Other (specify below) | |
| (Street) LOUISVI | | (4 | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5) | | | | 3, 4 So B | | 5. Amount of Securities Beneficially Owned Following | | wnership m: Direct or rect (I) tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | Amount | | A) or D) | Price | | Repor Trans | eported ransaction(s) nstr. 3 and 4) | | , | (, | | | |
| Common | Stock ⁽¹⁾ | 017 | | | Α | | 25,000 |) | A | \$0.00(2) | | 350,911 | | | D | | | | | |
| Common Stock ⁽³⁾ 04/01/20 | | | | | | 017 | | | F | | 6,994 | | D | \$1.06 | | 343,917 | | | D | |
| | 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) | if any | eemed tion Date, h/Day/Year) | | 5. Numbe of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ative rities ired osed | 6. Date Expiration (Month/D | ear) Expiration | Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | | nt er | | 9. Number of derivative e Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 0. Ownership Form: Direct (D) or Indirect I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 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.

Remarks:

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

04/04/2017

Commission

** 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.