FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

•

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burd | len | | | | | | | | |
| 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

| | | | | | | | | | | | | _ | | | | | | |
|--|---|--|---|----------|---|---------|-------|--|------|--------------------|---|---|---|---|----------------------------------|--|---------------------------------------|--|
| Name and Address of Reporting Person* Hatton T Scott | | | | | 2. Issuer Name and Ticker or Trading Symbol SYPRIS SOLUTIONS INC [SYPR] | | | | | | | | elationship o eck all applic Directo | able) | Persor | n(s) to Issu 10% Ow Other (s | er | |
| (Last) (First) (Middle) 101 BULLITT LANE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/18/2005 | | | | | | | | below) | VP & | c CFO | below) | becny | |
| SUITE 450 | | | | | | | | | | | | | C. La dividual as Asiat/Course Filips (Obs.), A. V. J. | | | | | |
| (Street) LOUISVILLE KY 40222 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | , | | | | | | | | | Person | | | | | |
| | | Tal | ole I - Non-D | erivativ | re Se | curitie | s Acc | quired, | Disp | osed o | f, or Ber | neficial | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | | | action 2A. Deemed Execution Date if any (Month/Day/Yea | | Date, | Code (Instr. 5) | | | | 5. Amour Securitie Beneficia Owned F | Form lly (D) o ollowing (I) (In | | Direct I ndirect E r. 4) (| 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | tion(s) | | | (Instr. 4) | |
| Common Stock | | | | | | | | | | | | | | 0 | | D | | |
| | | | Table II - Dei (e.ç | | | | | | | | or Bene ole secu | | Owned | | | | | |
| 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) | Code (| | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Option (Right to Buy) ⁽¹⁾ | \$13.94 | 07/18/2005 | | A | | 12,500 | (| 07/18/2008 | (2) | 07/18/2011 | Common Stock | 12,500 | \$0 | 12,500 | | D | | |

Explanation of Responses:

- 1. Options granted pursuant to the 2004 Sypris Equity Plan.
- $2. \ \ Vesting: 30\% \ on \ July \ 18, \ 2008; \ 30\% \ on \ July \ 18, \ 2009 \ and \ 40\% \ on \ July \ 18, \ 2010.$

Carroll A. Dunavent, by POA on file with Commission.

07/19/2005

** 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.