Instruction 1(b)

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| Washington. | . D.C. | 20549 |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNEDCHID

| OMB APPROVAL | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | |
| Estimated average I | ourden | | | | | | |

| Form 3 | Holdings Repo | | OWNERSHIP | | | | | | | hours per respo | | | | | 1.0 | | |
|---|--|--|---|---|--|---------------------------|---|--|--------------------------|--|--|--|-----------------|---|--------------------------------|--|---------------------------------------|
| Form 4 | Transactions R | eported. | File | ed pursuant to or Sectior | | | | | ities Excha ompany Ad | | | | | | | | |
| 1. Name and Address of Reporting Person* <u>GILL VIRGINIA G</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol SYPRIS SOLUTIONS INC [SYPR] | | | | | | | 5. Relati Check a | | licable) | | erson(s) to | lssuer Owner |
| (Last) (First) (Middle) 253 CANTON AVENUE EAST | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2005 | | | | | | 'Year) | | Office below | er (give tit /) | le | Othe belov | r (specify v) |
| (Street) WINTER (City) | PARK FL | | 32789 Zip) | 4. If Amen | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 5. Individ Line) X | , | | | | |
| | | Tabl | e I - Non-Deriv | ative Sec | uritie | es Ac | quir | ed, Di | sposed | of, or | Benefici | ally O | wne | d | | | |
| D | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5) | | | | ed Of S. Amount Securities Beneficially Owned at e | | S Ow Ily For | Own | wnership orm: Direct | 7. Nature of Indirect Beneficial Ownership | |
| | | | (Monthin Day) 1 | Month/Day/Year) | | | | | (A) or (D) | Price | Iss | Issuer's Fiscal Year (Instr. 3 and | | | ect (I) (| (Instr. 4) | |
| Common Stock 01/21/2005 | | | | G | | 16,303.908 | | D | \$0 | 2 | 2,861,231.89 | | I | | By GFP I, LP ⁽¹⁾ | | |
| Common | Stock | | | | | | | | | | | 500 I | | | | By Husband | |
| Common Stock | | | | | | | | | | 500 | | 00 | | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | of Deriv | r osed) r. 3, 4 | Expir (Mon | ate Exercisable and iration Date nth/Day/Year) Expiration rcisable Date | | Amor Secu Unde Deriv Secu and 4 | rity (Instr. 3 | Derivative Security (Instr. 5) Benefi Ownec Follow Report Transa | | 9. Numbe derivativ Securitie Beneficie Owned Followin, Reported Transact (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Gifts reported herein are limited partnership interests of GFP I, LP, a Delaware limited partnership, by the reporting person and her husband (each in equal proportions). The reporting person and her husband are limited partners of GFP I, LP and own, respectively, 44.13662% and 43.23815% of the total partnership interests in GFP I, LP.

Carroll A. Dunavent by Power 02/07/2006 of Attorney on file with the Commission

Date

** Signature of Reporting Person

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.