FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

LUAMENT	OF	CHANGES	IN RENEFICIAL	OWNERSHI

ı	OMB APP	RUVAL
	OMB Number:	3235-028

	Check this box if no longer subject to
	Section 16. Form 4 or Form 5
J	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

OMB APP	RUVAL
OMB Number:	3235-0287
Estimated average b	ourden
hours per response:	0.5

1. Name and Address of Reporting Person* <u>GILL JEFFREY T</u>					2. Issuer Name and Ticker or Trading Symbol SYPRIS SOLUTIONS INC [SYPR]										lationship of ck all applica Director	able)	g Perso X	()	
(Last) 101 BUI	(F LLITT LN.,	First) STE. 450	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/01/2018								X	below)	give title Presiden	t and	Other (s below) CEO	pecify	
(Street) LOUISV (City)		CY State)	40222 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
	`	Ta	able I - Non	-Deriva	tive S	ecuritie	s Ac	qui	red, C	Disp	osed o	f, or Be	nefici	ally	Owned				
1. Title of Security (Instr. 3)				2. Transac Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)		, 1	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		ed (A) o str. 3, 4 a	and Securities Beneficially Following		Form ly Owned (D) or		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
								7	Code V		Amount	(A) o	(A) or (D) Pric		Reported Transactio (Instr. 3 an				(Instr. 4)
Common Stock														2,911,902		D			
Common Stock													23,975		I		By Wife		
Common Stock														1,918,108.923				GFP I, LP ⁽¹⁾	
			Table II - [,		sed of, onvertil			•	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Code	saction e (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	e V	(A)		Date Exer	e rcisable		Expiration Date	Title	Amou or Numb of Sha	er		(Instr. 4)	on(a)		
Options (Right to Buv) ⁽²⁾	\$1.63 ⁽³⁾	04/01/2018		A		200,000		04/01	1/2021 ⁽⁴	4) 0	14/01/2023	Common Stock	200,0	000	\$0.00	200,0	00	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 2015 Sypris Omnibus Plan.
- 3. The grant date for the option award was Sunday April 1, 2018 therefore the exercise price was based on the closing price of Thursday March 29, 2018 (the last trading day).
- 4. Vesting is 100% on the third anniversary of the grant date.

Remarks:

Andrea J. Luescher by Power of

04/03/2018 Attorney on file with the

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.