FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	DVAL					
	OMB Number:	3235-0287					
	Estimated average burd	len					
l	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

	d Address o	Reporting Person*		2. Issuer Name and Ticker or Trading Symbol SYPRIS SOLUTIONS INC [SYPR]									heck all	nship of Report applicable) Director		10% C				
(Last) (First) (Middle) 101 BULLITT LANE, SUITE 450						3. Date of Earliest Transaction (Month/Day/Year) 03/02/2013										ficer (give title elow) VP, Treasurer and A		below)		
(Street) LOUISV (City)	LOUISVILLE KY 40222					4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X F F	´				
		Tabl	le I - Nor	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	ficia	ally Ov	vned				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Da						Execution Date,		Transaction Disposed Code (Instr. 5)			ities Acquired (A) or d Of (D) (Instr. 3, 4 and					Fori	Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) or))	Price	Tra	ansaction(s) str. 3 and 4)			(
Common Stock 03/02/							2013		F		1,022		D	\$4.	29	216,615		D		
Common Stock 03/02/					2/2013	/2013			F		7,821		D	\$4.	29	208,794		D		
		Та	able II - D								sed of, onvertib				y Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date, Transacti Code (Ins					6. Date E: Expiratio (Month/D	n Date	Amount of		str. 3	8. Price Derivati Security (Instr. 5	ve derivative Securities	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Sha	ber						

Explanation of Responses:

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

Commission

** Signature of Reporting Person Date

03/06/2013

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

- * 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.