FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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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 and Address of Reporting Person [*] ALLEN ANTHONY C | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>SYPRIS SOLUTIONS INC</u> [SYPR] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|--|--|-----------|---|---|---|------|---|---|---|--------------------|--|---|--|------------|---|--|
| (Last) | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2016 | | | | | | | - , | Directo Officer below) | r (give title | | 10% Ov Other (s below) | | | | |
| (Last) (First) (Middle) 101 BULLITT LANE, SUITE 450 | | | | | | | | | | | | | Vi | ce Presid | lent a | nd CFO | | |
| (Street) LOUISVILLE KY 40222 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. In Line | | | | | | |
| (City) | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (Oity) | (0) | , | (Zip) le l - N | lon-Deriv | vative \$ | Securities Ac | quired, | Disp | osed of | f, or Be | ene | ficiall | y Owned | l | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. a | | 4. Securities Acquired Disposed Of (D) (Instr. and 5) | | | | 3, 4 Securities Beneficially Owned | | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount (A) or (D) | | Price | Reporte Transac | Following Reported Transaction(s) (Instr. 3 and 4) | | r. 4) | (Instr. 4) | | |
| Common Stock | | | | | | | | | | | | | 265 | ,096 | | D | | |
| | | | Tab | | | Securities Acc calls, warrants | | | | | | | vned | | | | | |
| | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date (Month/Day/Year) | | | 4. Transac Code (Ir 8) | | Expiration Date Ai (Month/Day/Year) Se | | | 7. Title Amount Securiti Underly Derivati | of es ing | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securitie Beneficia Owned | e Ownersh s Form: | | Beneficia Ownershi | |

| (Instr. 3) | Price of Derivative Security | (wonunday rear) | (Month/Day/Year) | 8) | | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | (Month/Day/ | ear) | Underlyi Derivativ Security and 4) | ng re | Security (Instr. 5) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
|---|------------------------------------|-----------------|------------------|------|---|--|-----|---------------------------|--------------------|---|--|------------------------|---------|--|-------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Options (Right to Buy) ⁽¹⁾ | \$0.96 | 01/25/2016 | | A | | 150,000 | | 01/25/2019 ⁽²⁾ | 01/24/2020 | Common Stock | 150,000 | \$0.00 | 150,000 | D | |

Explanation of Responses:

1. Options granted pursuant to the 2015 Sypris Omnibus Plan.

2. Vesting is 100% on the third anniversary of the grant date.

Remarks:

Andrea J. Luescher by Power of Attorney on file with the <u>Commission</u> ** 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.