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

Washington,	D.C.	20549
vvasiliigtoii,	D.C.	20070

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per respons	se: 1.0							

Term 2 Holdings Deported

Instruction 1(b)

Form 3 Holdings Reported.																	
Form 4	Transactions R	eported.	Fil	ed pursuant to or Sectior					ities Excha ompany Ac								
1. Name and Address of Reporting Person* GILL JEFFREY T				2. Issuer Name and Ticker or Trading Symbol SYPRIS SOLUTIONS INC [SYPR]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner							
				3 Stateme	2 Statement for Issuar's Fiscal Veer Forded (Month/Dec/Assa)					/Vear)	v Offic	X Director X Officer (give title		Othe	r (specify		
(Last) (First) (Middle) 101 BULLITT LN., STE. 450					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008						, real)	below) below) President and CEO					
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
LOUISVI	LLE KY	7	10222									X Form filed by One Reporting Person					
(City)	(Sta	ate) (Zip)									Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5)			or Disposed	5. Amount of Securities Beneficially Owned at end of		6. Ownership Form: Direct (D) or	ership 1: Direct	7. Nature of Indirect Beneficial Ownership		
								Amount	:	(A) or (D)	Price	Issuer's	ssuer's Fiscal lin 'ear (Instr. 3 and (In			Instr. 4)	
Common Stock ⁽¹⁾		12/19/2008			W		231,6	528.26	A	\$0	1,585,053.287				By GFP I, LP		
Common Stock												23	,975		I	By Wife	
Common Stock											2,85	66,773		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 Secu Acqu (A) o Dispo of (D (Instr and 5	posed D) tit: 3, 4 5) Date Expi		tte ear)	Amo Secu Unde Deriv Secu and	le and unt of rities ritying rative rity (Instr. 3 1) Amount or Number of Shares	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		

Explanation of Responses:

1. The Transfers reported herein were of limited partnership interests in GFP I, LP, a DE limited partnership, bequeathed by will to certain trusts for the benefit of the reporting person's three children. The reporting person, his wife, and these trusts are limited partners of GFP I, LP and the reporting person is a director, executive officer and 50% shareholder of Gill Family Capital Management, Inc., the general partner of GFP I, LP.

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

02/03/2009

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.