FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| KIIIEO / | AND EXCHANGE | COMMISSIO |
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| 14/ | D 0 00540 | |

| OMB AP | PROVAL |
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| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 2. Issuer Name and Ticker or Trading Symbol SYPRIS SOLUTIONS INC [SYPR] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|---|----------|-----------|--|--|--|--|
| | 100 | Director | 1070 OWNO | | | | |

| 1. Name and Address of Reporting Person* <u>Convis Gary L</u> | | | | 2. Issuer Name and Ticker or Trading Symbol SYPRIS SOLUTIONS INC [SYPR] | | | | | | | | | | k all app Direc | licable) tor | r 10% Owner | | | |
|--|-----------|---|--|---|----------|---|--------|--|-----------------|--------------|---|------------|--|------------------------------|--|---|-----------|---|------------|
| | PRIS SOLU | irst) (I JTIONS, INC. NE, STE 450 | Middle) | | 08/2 | 3. Date of Earliest Transaction (Month/Day/Year) 08/22/2024 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | belov | | | Other (s | | |
| (Street) LOUISV (City) | | | -0222 Zip) | | 4. If / | Amend | ment, | Date of | t Origina | il Filed | d (Month/Da | y/Year | | ine) | Form | filed by On | ie Rep | ng (Check A porting Pers an One Rep | on |
| | | Table | I - No | n-Deriva | ative \$ | Secu | rities | Aca | uired. | Dis | posed of | or E | Benefic | cially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transa | Transaction 2A. ite Exe | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Se Transaction Disp Code (Instr. 5) | | 4. Securitie | . Securities Acquired (A Disposed Of (D) (Instr. 3, | | | 5. Amo Securit Benefic | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pric | e | Transa | ction(s) 3 and 4) | | | (Instr. 4) |
| Common | Stock | | | 08/22/ | 2024 | 2024 | | P | | 4,775 | A | \$1 | .58 | 465,402 | | | D | | |
| Common Stock 08/22/ | | | | 2024 | | P | | 600 | A | \$ | 1.6 | 466,002 | | | D | | | | |
| Common Stock 08/23/2 | | | | | 2024 | | P | | 240 | A | \ \$1 | .58 | 8 466,242 | | D | | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | Owne | d | | | |
| Derivative Conversion Date E. Security or Exercise (Month/Day/Year) if | | if any | omed on Date, Transact Code (In: Day/Year) | | | | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Ownership | 11. Nature of Indirect Beneficial Ownershi (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | |

Explanation of Responses:

Anthony C. Allen by Power of 08/26/2024

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.