FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C. 20549	

OMB APPROVAL 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Estimated average burden

hours per response:

0.5

Check this box if no longer subject	C
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

					J. 00		5(.1) 0			501			-							
1. Name and Address of Reporting Person* Convis Gary L					2. Issuer Name and Ticker or Trading Symbol SYPRIS SOLUTIONS INC [SYPR]										Relationship of Reporting Person(s) to Issuer (Check all applicable)					
COHVIS	<u>Oary L</u>													V	Direc	tor		10% Ov	vner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/13/2024									Office below	er (give title v)		Other (s below)	specify	
C/O SYP	RIS SOL	UTIONS, INC.			4 15 4			<u> </u>		. =:	1.014 11.05	0.4	,	-		1 : 1/0	F-11	(0) 1 4	P 11	
		NE, STE 450			4. If F	menai	nent,	Date o	T Origina	ai File	d (Month/Da	y/ Yea	ar)	Line)	iividuai o	r Joint/Grou	p Filin	ng (Check A	pplicable	
TOT BUL	LIIILA	INE, 51E 450												V	Form	filed by On	e Rep	orting Perso	on	
(044)																filed by Mo	re tha	ın One Repo	orting	
(Street)	нте в	737	40222												Perso	on		·	•	
LOUISV	ILLE K	ΥΥ	40222		DIII	<u> </u>	h5	1(0)	Trans	000	tion Indi	ioot	ion							
-					Nui	e 10	D5-	1(0)	Hall	sac	lion mai	lcal	1011							
(City)	(\$	State)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to															
						satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
													_							
		Tab	le I - No	n-Deriva	tive S	ecui	ities	Acq	uired,	Dis	posed of	, or	Ben	eficial	y Own	ed				
1. Title of S	Security (In	ıstr. 3)		2. Transac	tion				3. 4. Securities Acquired (A								7. Nature			
Date					y/Year)	Exec	xecution Date,				Disposed Of (D) (Instr. 3, 5)			3, 4 and	Securi Benefi			(D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
				, , , , ,		(Month/Day/Year)		8)		-,				Owned	l Following					
									Code	v	Amount		A) or	Price		ction(s)		- 1'	(111511. 4)	
									Code	ľ	Amount	([0)	FIICE	(Instr.	3 and 4)				
Common Stock 06/13/2						.024		P		20,000		Α	\$1.92	449,811			D			
						<u> </u>			<u> </u>	<u> </u>					<u> </u>]			
		•	Γable II -								osed of,				Owne	d				
				(e.g., pu	ıts, ca	lls, v	varra	ınts,	optior	ns, c	onvertib	le s	ecur	ities)						
1. Title of	2.	3. Transaction	3A. De		4.						isable and	7. Title and			Price of	9. Number			11. Nature	
Derivative Security	Conversion or Exercise			ion Date,	Transa Code (Expiration Day (Month/Day/Ye			Amount of Securities Underlying Derivative Security (Instr.			erivative ecurity	derivative Securities		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
(Instr. 3)	Price of	(months bay, rea	(Month	/Day/Year)	8)		Securities		(INOTICIE)	Day, i	ear,			g (I	str. 5)	Beneficiall	y			
	Derivative Security					Acquired (A) or									Owned Following					
							Disposed						3 and 4)			Reported	, ,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					of (D) (Instr. 3, 4									Transaction(s) (Instr. 4)						
							and 5)									<u> </u>				
													Am	ount						
													or Nu	mber					1	
				Codo	.		_(D)	Date		Expiration	of									
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Explanation of Responses:

Anthony C. Allen by Power of

Attorney on File with the

Commission

06/14/2024

** 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.