FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CH	ANGES II	N BENEFICI	AL OWN	IERSHIP

OMB APPROVAL										
OMB Number: 3235-02										
Estimated average burden										
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

Name and Address of Reporting Person* Convis Gary L				2. Issuer Name and Ticker or Trading Symbol SYPRIS SOLUTIONS INC [SYPR]								(Cł	Relationship neck all app X Direc	licable)	ng Per	rson(s) to Is			
(Last)	(F	irst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/30/2024									Office below	er (give title v)		Other (s below)	specify	
C/O SYPRIS SOLUTIONS, INC. 101 BULLITT LANE, STE 450				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street)	TLLE K	Y 4	10222			Form filed by More than One Reporting Person									orting				
(City)	(5	itate) (2	Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication 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.													
		Table	l - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or l	Ben	eficia	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Acquisiposed Of (D) (5)					nd Securit Benefic Owned	Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount (A		or	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			05/30/	2024			P		109 A		A	\$1.4	346,025			D		
		Ta									osed of, onvertib					d	,		
		Transa Code (6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		g nstr.	8. Price of Derivative Security (Instr. 5)		Owners Form: Direct (or Indir (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount mber ares					

Explanation of Responses:

Anthony C. Allen by Power of

05/31/2024 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.