FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
$\cup$	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		, .				inpuny Act t										
1. Name and Address of Reporting Person*					2. Issuer Name <b>and</b> Ticker or Trading Symbol SYPRIS SOLUTIONS INC [ SYPR ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
TIE/TEET WIEDI/TWIE													<b>↓</b> X	Direc	tor		10% Ov	vner			
(Last)	(F	irst) (f	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023										Office	er (give title v)		Other (s below)	specify		
C/O SYPRIS SOLUTIONS, INC.						A 16 A considerant Data of Origin 1571 1791 179 51									6 Individual or Joint/Croup Filing (Chook Applicable						
101 BULLITT LANE, STE 450				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)									
															X Form filed by One Reporting Person						
(Street) LOUISVILLE KY 40222					Form 1 Persoi										filed by More than One Reporting on						
Locist	ILLL IX		0222		Dula	10	)hE	1(0)	Trans		tion Ind										
,					Ruit	; T(	)DO-	T(C)	Hans	sac	tion mu	licali	IUII								
(City)	(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.															
		Table	I - No	n-Deriva	tive S	ecui	rities	Acc	uired,	Dis	posed of	f, or I	Bene	ficiall	y Owr	ned					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)				Execution D			Date, Transaction Code (Ins					, 4 and Secu		cially I ring	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) (D)	or P	rice		rted action(s) . 3 and 4)						
Common Stock <sup>(1)</sup> 05/25/20					2023				A		2,500	A	\$	0.00(2)	0.00 <sup>(2)</sup> 127,168			D			
		Tah	de II -	Derivati	ve Sec	·urit	ies /	7 can	ired D	ien	nsed of	or Be	enefi	cially	Owne	-d	J				
		Tax	)ic ii -	(e.g., pu											OWITE	·u					
1. Title of Derivative Security (Instr. 3)	titve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities iired ir osed ) r. 3, 4	Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		Der Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	Do. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amor or Numi of Share	ber							

## Explanation of Responses:

- 1. Stock granted pursuant to the 2020 Sypris Omnibus Plan and the Directors' Compensation Program thereunder, which directs that the shares be granted on the 25th day of May or the next business day if such date falls on weekend or a holiday.
- 2. The only consideration for which is service as a director.

## Remarks:

Andrea J. Luescher by Power of Attorney on file with the Commission 05/26/2023

\*\* Signature of Reporting Person Da

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.