1. Name and Address of Reporting Person
Eckert Rebecca R

   (Last)               (First)               (Middle)

101 BULLITT LANE
SUITE 450

   (Street)               (City)               (State)               (Zip)

   LOUISVILLE               KY               40222

2. Issuer Name and Ticker or Trading Symbol
SYPRIS SOLUTIONS INC [ SYPR ]

3. Date of Earliest Transaction (Month/Day/Year)
09/26/2020

4. If Amendment, Date of Original Filed (Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   Director X
   10% Owner
   Officer (give title below) X
   Principal Accounting Officer / Controller

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 5)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock(1)</td>
<td>09/26/2020</td>
<td></td>
<td>F</td>
<td>4,603</td>
<td>D $1.32</td>
<td>62,212 D</td>
<td>D</td>
</tr>
</tbody>
</table>

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Explanation of Responses:
1. Restricted stock award under the 2015 Sypris Omnibus Plan which vested 100% on September 26, 2020.

Remarks:

Andrea J. Luescher by Power of Attorney on file with the Commission 09/28/2020

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).


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.