### SYPRIS SOLUTIONS INC

Form 4 May 17, 2007

### FORM 4

### **OMB APPROVAL**

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

Washington, D.C. 20549

January 31, Expires: 2005

Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** GILL ROBERT E	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)			
(Last) (First) (Middle)	3. Date of Earliest Transaction	(Check all applicable)			
	(Month/Day/Year)	X DirectorX 10% Owner			
253 CANTON AVENUE EAST	04/26/2007	_X_ Officer (give title Other (specify below) Ch of Bd and 10% Owner			
(Street)	4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
WINTER PARK, FL 32789	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			

(City)	(State)	(Zip) Tab	- Non-Derivative Securities Acquired, Dis	posed of, or Beneficially Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	4. Securities Acquired (A) 5. Amo ransactionor Disposed of (D) Securiti ode (Instr. 3, 4 and 5) Benefic Owned Followi Reporte Transac ode V Amount (D) Price (Instr. 3	des Ownership Indirect rially Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) rially Form: General Control Contro
Common Stock	04/26/2007		` '	186.56 I By GFP I, LP (1)
Common Stock			500	I By Wife
Common Stock			500	D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control

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#### number.

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

1. Tit	le of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Deriv	ative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Secur	ity	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr	. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
		Derivative				Securities			(Instr.	3 and 4)		Owne
		Security				Acquired						Follo
		•				(A) or						Repo
						Disposed						Trans
						of (D)						(Instr
						(Instr. 3,						
						4, and 5)						
										Amount		
										Amount		
							Date	Expiration		Or		
							Exercisable	Date		Number of		
					C-J- V	(A) (D)						
					Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
GILL ROBERT E			Ch of Bd			
253 CANTON AVENUE EAST	X	X	and 10%			
WINTER PARK, FL 32789			Owner			

# **Signatures**

Andrea J. Luescher by Power of Attorney 05/17/2007

\*\*Signature of Reporting Person Date

### **Explanation of Responses:**

- \* 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).
- Gifts reported herein are limited partnership interests of GFP I, LP, a Delaware limited partnership, by the reporting person and his wife (1) (each in equal proportions). The reporting person and his wife are limited partners of GFP I, LP and own, respectively, 42.48929% and 43.38776% of the total partnership interests in GFP I, LP.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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