Edgar Filing: SYPRIS SOLUTIONS INC - Form 4

SYPRIS SO	LUTIONS INC											
Form 4												
March 03, 2	010											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	UNITED	STATES					NGE C	COMMISSION	OMB	3235-0287		
Check th	is box		vvas	shington,	D.C. 203	949			Number:	January 31,		
if no long		IENT O	F CHAN	GES IN I	BENEFI	CIAI		NERSHIP OF	Expires:	2005		
subject to Section 1	0				SECURITIES				Estimated average			
Form 4 c				~~~~~					burden hours per response			
Form 5	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,											
obligatio may con		a) of the	Public U	tility Hold	ling Com	pany	Act of	1935 or Section	ı			
See Instr		30(h)	of the In	vestment	Company	y Act	of 194	0				
1(b).												
(Print or Type]	Responses)											
(I fine of Type)	(tesponses)											
1. Name and A	Address of Reporting	Person [*]	2. Issuer	Name and	Name and Ticker or Trading 5. Relationship					of Reporting Person(s) to		
MCGEENEY JOHN R Symbol								Issuer				
			SYPRIS	S SOLUTIONS INC [SYPR]					k all applicable)			
(Last)	(First) (1	Middle)	3. Date of	Earliest Tra	ansaction			(Chech	x an applicable	;)		
(Month/D 101 BULLITT LANE, SUITE 450 03/01/20				Day/Year)			Director 10% Owner X Officer (give title Other (specify below) below)					
				2010								
								· · · · · · · · · · · · · · · · · · ·	ounsel and Sec	retary		
(Street) 4. If Ame			ndment, Date Original			6. Individual or Joint/Group Filing(Check						
				onth/Day/Year)				Applicable Line)				
								X Form filed by C Form filed by M				
LOUISVIL	LE, KY 40242							Person		porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Date	e 2A. Dee	med	3.	4. Securit			5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)	n Date, if Transaction(A) or Disposed of (D)						Form: Direct (D) or				
(Instr. 3) any (Month			Code (Instr. 3, 4 and 5) (Day/Year) (Instr. 8)					Beneficially Owned	Beneficial Ownership			
		((Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or		(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price \$. ,				
Stock	03/01/2010			F	809	D	ф 2.84	122,847	D			
Common Stock (1)	03/02/2010			А	25,000	А	\$ 0 (2)	147,847	D			

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

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 control number.

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director 10% Owner Officer		Officer	Other				
MCGEENEY JOHN R 101 BULLITT LANE SUITE 450 LOUISVILLE, KY 40242			General Counsel and	Secretary				
Signatures								
Andrea J. Luescher by Power of Commission	h the 03/03/2010							
<u>**Signature o</u>		Date						

**Signature of Reporting Person

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).
- (1) Restricted stock grant, pursuant to the 2004 Sypris Equity Plan, vests 100% on the third anniversary of the grant date.
- (2) The only consideration for which is service as an employee.

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.