FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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. Name and Address of Reporting Person* GILL R SCOTT						2. Issuer Name and Ticker or Trading Symbol SYPRIS SOLUTIONS INC [SYPR]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last)	•	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/25/2023									ficer (give title low))	Other (below)	specify		
C/O SYPRIS SOLUTIONS, INC. 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)	t) JISVILLE KY 40222														Form filed by More than One Reporting Person					
(City) (State) (Zip)						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	I - No	n-Deriva	tive S	Secu	rities	Acc	quired	, Dis	posed of	, or E	Benefici	ally O	vned					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execu if any	eemed ition Date, h/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)					nd Sec Ben Owi	mount of urities eficially led Following	For (D)	Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) o (D)	Price	Trai	orted saction(s) r. 3 and 4)			(Instr. 4)		
Common Stock ⁽¹⁾ 08/25/2						023					2,500	A	\$0.00)(2)	2,463,305		D			
Common	Stock													1,356,557.079 I GFP I LP ⁽³⁾						
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)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date Expira (Month	tion D		Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price Derivati Security (Instr. 5	e derivative	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares							

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 August or the next business day if such date falls on a weekend or a holiday.
- 2. The only consideration for which is service as a director.
- 3. Consists of limited partnership interests of GFP I, LP, a Delaware limited partnership. The reporting person is a limited partner of GFP I, LP, and the reporting person is a director, executive officer and 50% shareholder in Gill Family Capital Management, Inc., the general partner of GFP I, LP.

Remarks:

Andrea J. Luescher by Power of Attorney on file with the 08/25/2023 Commission

** Signature of Reporting Person

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.