FERKO WILLIAM G Form 4 July 01, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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Check this box if no longer subject to Section 16. Form 4 or

Form 5 obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * FERKO WILLIAM G | | | 2. Issuer Name and Ticker or Trading Symbol | | | | ıg | 5. Relationship of Reporting Person(s) to Issuer | | | |
|---|------------------------------------|-------------------|--|--|---|---------------------------|------------------------|--|--|---|--|
| (Last) | (First) | (Middle) | SYPRIS SOLUTIONS INC [SYPR] 3. Date of Earliest Transaction | | | | (Check all applicable) | | | | |
| , , , | , | | (Month/Day/Year) | | | | _X_ Director | 109 | 6 Owner | | |
| 10350 ORMSBY PARK PLACE, SUITE 601 | | | 06/30/2008 | | | | Officer (gives | ve title Oth below) | er (specify | | |
| (Street) 4 | | | 4. If Amendment, Date Original | | | | | 6. Individual or Joint/Group Filing(Check | | | |
| Fil LOUISVILLE, KY 40223 | | | | Filed(Month/Day/Year) | | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table | I - Non-D | erivative S | Securi | ties Ac | quired, Disposed | of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | r) Executi any | emed on Date, if /Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securi onAcquirec Disposec (Instr. 3, | l (A) of (D) 4 and (A) or | 9) 5) Price | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock (1) | 06/30/2008 | | | A | 2,848 | A | $\frac{$0}{(2)}$ | 32,376 | 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 number.

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

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | ate | 7. Titl Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|--|-------------|------------|---|------------------------|--|---|
| | | | | | 4, and 5) | Date | Expiration | | Amount | | |
| | | | | Code V | (A) (D) | Exercisable | Date | Title | Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|------------------------------------|---------------|-----------|---------|-------|--|--|
| . 6 | Director | 10% Owner | Officer | Other | | |
| FERKO WILLIAM G | | | | | | |
| 10350 ORMSBY PARK PLACE, SUITE 601 | X | | | | | |
| LOUISVILLE, KY 40223 | | | | | | |

Signatures

Andrea J. Luescher by Power of Attorney on file with the Commission

07/01/2008

**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).
- (1) Stock granted pursuant to the 2004 Sypris Equity Plan and the Directors Compensation Program thereunder.
- (2) The only consideration of which was service as a Director.

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.

Reporting Owners 2