Edgar Filing: PETERSEN SIDNEY R/CA - Form 4

| PETERSEN SI | DNEY R/CA | | | | | | | | | |
|--|-------------------------------------|---|---------------------------------------|-------------|---|-------------------------|---|---|---|--|
| Form 4 April 03, 2012 | | | | | | | | | | |
| | Л | | | | | | | OMB A | PPROVAL | |
| FORM | | ITIES AND EXCHANGE COMMISSION hington, D.C. 20549 | | | | | 3235-0287 | | | |
| Check this b if no longer subject to | GES IN BENEFICIAL OWN SECURITIES | | | | NERSHIP OF | Expires: Estimated a | January 31, 2005 average | | | |
| Section 16. Form 4 or | | | | | | burden hou | rs per | | | |
| Form 5 obligations may continu <i>See</i> Instruction 1(b). | e. Section 17(a) | uant to Section 10) of the Public Ut 30(h) of the In | ility Hold | ing Com | pany | Act o | f 1935 or Sectio | response n | 0.5 | |
| (Print or Type Resp | ponses) | | | | | | | | | |
| 1. Name and Address of Reporting Person * 2. Issuer PETERSEN SIDNEY R/CA Symbol SYPRIS | | | Name and Ticker or Trading | | | | 5. Relationship of Issuer | Reporting Person(s) to | | |
| | | | | | C [SY | YPR] | (Check all applicable) | | | |
| (Last) (First) (Middle) 3. Date of (Month/D 1109 EMERALD BAY 04/02/20 | | | - | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | | | ndment, Date Original th/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| LAGUNA BEA | ACH, CA 9265 | 1 | | | | | | Iore than One Re | | |
| (City) | (State) (Z | Zip) Table | e I - Non-De | erivative S | ecuri | ties Aco | quired, Disposed of | f, or Beneficial | lly Owned | |
| (Instr. 3) any | | Execution Date, if | Code Dispose | | red (A) or sed of (D) 3, 4 and 5) | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or (Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| 9 | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | | | |
| $\begin{array}{c} \text{Common} \\ \text{Stock} \ \underline{(1)} \end{array} \qquad 0$ | 04/02/2012 | | А | 6,000 | А | <u>(2)</u> | 89,841 | 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.

 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) | 4. Transacti Code (Instr. 8) | tionNumber Exp of (Mo | | | | Under Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr |
|---|---|---|---------------------------------------|--------------------------|-----|---------------------|--------------------|----------------|--|---|--|
| | | | Code V | (A) (| ` ´ | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationsi | | | | |
|---------------------------------------|----------|------------|---------|-------|---------|-----|
| | Director | 10% Owner | Officer | Other | | |
| PETERSEN SIDNEY R/CA | | | | | | |
| 1109 EMERALD BAY | Х | | | | | |
| LAGUNA BEACH, CA 92651 | | | | | | |
| Signatures | | | | | | |
| Andrea J. Luescher by Power of | 04/03/2 | 201 | | | | |
| Commission | | | | | 04/03/2 | 201 |

Delationship

**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) Stock granted pursuant to the 2010 Sypris Omnibus Plan and the Directors' Compensation Program thereunder.
- (2) The only consideration for which is 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.

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Date