Edgar Filing: SROKA ROBERT - Form 4

| SROKA ROE | BERT | | | | | | | | | | | |
|--|--------------------|--|--|--|---|-----------|-------------|---|-------------------------|------------------|--|--|
| Form 4 | | | | | | | | | | | | |
| April 03, 201 | 2 | | | | | | | | | | | |
| FORM | 4 | ~ | | | | | | | | PPROVAL | | |
| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | OMB Number: | 3235-0287 | | |
| Check this if no longe | 0 | | | | | Expires: | January 31, | | | | | |
| subject to | STATE | MENT O | F CHAN | | | CIA | LOW | NERSHIP OF | Estimated a | 2005 average | | |
| Section 16 | | | | SECURI | CURITIES | | | | | burden hours per | | |
| Form 4 or Form 5 | | | | | a | - | 1 | 4 6 6 100 4 | response | 0.5 | | |
| obligation | - · | | | | | | • | ge Act of 1934, | | | | |
| may conti | nue. Section 17 | | | • | • | - · | | of 1935 or Sectio | n | | | |
| See Instruc | ction | 50(II) | of the Inv | /estment v | Company | y Act | . 01 19 | 40 | | | | |
| 1(b). | | | | | | | | | | | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| | • | | | | | | | | | | | |
| 1. Name and Ac | dress of Reporting | g Person <u>*</u> | 2. Issuer | Name and | Ticker or T | Гradin | g | 5. Relationship of | Reporting Person(s) to | | | |
| SROKA ROBERT Symbol | | | | C | | | | Issuer | | | | |
| SYPRIS | | | | S SOLUTIONS INC [SYPR] | | | | (Check all applicable) | | | | |
| (Last) (First) (Middle) 3. Date of | | | | of Earliest Transaction | | | | (Check all applicable) | | | | |
| (Month/ | | | (Month/Da | n/Day/Year) | | | | _X_ Director | 10% | 6 Owner | | |
| | | | 04/02/2012 | | | | | Officer (give title Other (specified below) | | | | |
| (Street) 4. If A | | | 4. If Amer | Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | | |
| Filed(Mon | | | | nth/Day/Year) | | | | Applicable Line) | | | | |
| | | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | |
| NEW ROCH | IELLE, NY 108 | 304 | | | | | | Person | | epotting | | |
| (City) | (State) | (Zip) | Table | e I - Non-Do | erivative S | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | | |
| 1.Title of | 2. Transaction Da | | | 3. | 4. Securities | | | | | 7. Nature of | | |
| Security | (Month/Day/Yea | | on Date, if TransactionAcquired (A) or | | | | | Securities | Form: Direct | Indirect | | |
| (Instr. 3) | | any (Month/ | Day/Year) | CodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5) | | | • | (D) or Indirect (I) | Beneficial Ownership | | | |
| | Duy/Teur) | $(\operatorname{insu}, 0)$ ($\operatorname{insu}, 0, +$ and 0) | | | Following | Instr. 4) | (Instr. 4) | | | | | |
| | | | | | | (A) | | Reported | | | | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | | | | |
| | | | | Code V | Amount | (D) | Price | (insu: 5 and 4) | | | | |
| Common Stock (1) | 04/02/2012 | | | А | 6,000 | А | <u>(2)</u> | 43,238 | 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. Transact Code (Instr. 8) | ionNumber I of (| | | | Secur | ınt of rlying | Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|--------------------------------------|---------------------|------|---------------------|--------------------|-------|--|--------------------------------------|--|
| | | | Code N | 4, and | d 5) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationsh | | | | |
|---|----------|------------|---------|-------|--|--|
| reporting o when reader of the cost | Director | 10% Owner | Officer | Other | | |
| SROKA ROBERT 54 DISBROW LANE NEW ROCHELLE, NY 10804 | Х | | | | | |
| Signatures | | | | | | |
| Andrea J. Luescher by Power o Commission | 04/03/2 | 2012 | | | | |

**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.

Date