Edgar Filing: Knapper Peter William - Form 4

Knapper Peter Form 4												
August 27, 20												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB	PPROVAL 3235-0287		
Check this	box	vv asi	Washington, D.C. 20549						Number:	January 31,		
if no longe subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNE SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange A									Estimated a burden hou response		
obligations may contin <i>See</i> Instruc 1(b).	Section 17(a	a) of the		lity Hol	ding (Comp	pany	Act of	1935 or Section	n		
(Print or Type Re	esponses)											
1. Name and Address of Reporting Person <u>*</u> Knapper Peter William			2. Issuer Name and Ticker or Trading Symbol SIFCO INDUSTRIES INC [SIF]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (A	(iddle)					- [511	l	(Check all applicable)			
(Last) (First) (Middle) 970 E. 64TH STREET			3. Date of Earliest Transaction (Month/Day/Year) 08/23/2018					X Director 10% Owner X Officer (give title Other (specify below) below) President & CEO				
CLEVELAN	(Street) D, OH 44103		4. If Amen Filed(Month		-	ginal			6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M Person	One Reporting Pe	rson	
(City)	(State)	(Zip)	Table	I - Non-I	Derivat	tive So	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
(Instr. 3) any		on Date, if Transaction(A) or Disposed of Code (D) /Day/Year) (Instr. 8) (Instr. 3, 4 and 5) (A)				d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial			
SIFCO Industries,				Code '				Price	(Instr. 3 and 4)			
Inc. Common Stock	08/23/2018			Р	36		A	\$ 5.15	36	D		
SIFCO Industries, Inc. Common Stock	08/24/2018			Р	1,9	964	A	\$ 5.2 (1)	2,000	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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date	The	of		
				Code V	(A) (D)				Shares		
				Coue V	(\mathbf{A}) (\mathbf{D})				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Knapper Peter William 970 E. 64TH STREET CLEVELAND, OH 44103	Х		President & CEO					
Signatures								
/s/ Elizabeth Button - by power attorney	of	of 08/27/2018						
**Signature of Reporting Person		I	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).
- The transaction was executed in multiple trades at prices ranging from \$5.15 to \$5.24, inclusive. The price reported above reflects the
- (1) weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, SIFCO Industries, Inc. or a shareholder of SIFCO Industries, Inc, full information regarding the number of shares and prices at which the transaction was effected.

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.