FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 a | <u>UNI</u> | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL STAINLESS & ALLOY PRODUCTS INC [USAP] | | | | | | | | | neck all appointed X Direct | | | Person(s) to Issuer 10% Owner | | | | | |
|--|--|---|--|----------|----------------------------------|--|----------------------------------|---|--|---|-----------------------------|---|----------------|--------------------------------|---|--|--|--|--|
| (Last) 51 DUFF | .ast) (First) (Middle) 1 DUFFIELD DRIVE | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/31/2013 | | | | | | | | | | Other (specify below) | |
| (Street) S. ORAN | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | Pers | • | 0 1110 | an one rep | oning |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Exe if a | Deeme cution ny onth/Da | Date, | Code (In | Transaction Dispose Code (Instr. and 5) | | | | | Secur Benef Owne | icially d | Fori (D) (Indi | ownership m: Direct or irect (I) tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amoun | t (A) or (D) | | Price | Repoi Trans | Following Reported Transaction(s) (Instr. 3 and 4) | | u. 4) | (mstr. 4) |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deel Execution if any (Month/ | on Date, | 4. Transact Code (In 8) | | on Number I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | tr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Ind (I) (Ins 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Ex Da | piration te | Title | or Nu of | nount imber ares | | | | | |
| USAP Common Stock | \$27.54 | 08/31/2013 | | | A | | 2,500 | | 08/31/2014 ⁽¹ | 08 | /31/2023 | Commo | | ,500 | \$27.54 | 2,500 | | D | |

Explanation of Responses:

 $1.\ 825\ options\ exercisable\ 08/31/2014\ 825\ options\ exercisable\ 08/31/2015\ 850\ options\ exercisable\ 08/31/2016$

Paul A. McGrath (AIF) 09/03/2013

** Signature of Reporting Person Date

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.