## FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	VAL
OMB Number:	3235-0287
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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							mpany Act		1 1934	1					
1. Name and Address of Reporting Person* PENNANT CAPITAL MANAGEMENT, LLC				<u>UN</u>	2. Issuer Name and Ticker or Trading Symbol UNIVERSAL STAINLESS & ALLOY PRODUCTS INC [USAP]								Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner  Officer (give title Other (specify)						
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 08/13/2012									belo	10	•	belov	
	REST AVEN	,	viidule	,	4. If	Ame	endme	ent, Date	of Origin	al File	ed (Month/D	ay/Year	)	6. Inc	)	or Joint/Gro		•	Applicable
(Street)	г пу	0	7901											X	Form Pers	n filed by Mo on	ore th	nan One Re	eporting
(City)	(Sta	ate) (Z	Zip)																
		Tabl	eI-	Non-Deriv	ative	Se	curit	ies Ac	quired	, Dis	sposed of	, or B	enefi	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Year) Exec		Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)			es Acquired (A) o Of (D) (Instr. 3, 4			5. Amo Securit Benefic Owned Follow	ties cially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	r <sub>Pri</sub>	ce	Report Transa		(5	u. 4)	(11341. 4)
Common	Stock			08/13/20	12				P		10,123	A	\$3	3.79	1,05	52,668		I	See footnote <sup>(1)</sup>
		Та	ble I	I - Derivat (e.g., pı							osed of, o				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executif any	Execution Date, if any		4. Transaction Code (Instr. 8)		Number erivative ecurities cquired ) or sposed (D) nstr. 3, 4	Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		of Do Se (Ir	Price ferivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly [	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					Code		/ (A	) (D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					
		Reporting Person		MENT, I	<u>LC</u>														
(Last) (First) (Middle)			Middle)																
SUITE 2	REST AVEN 00	NUE																	
(Street)	Γ :	NJ	0	07901															
(City)		(State)	(2	Zip)															

1. Name and Add	ress of Reporting Per	rson*					
(Last)	(First)	(Middle)					
C/O PENNAN	T CAPITAL MAN	AGEMENT, LLC					
1 DEFOREST	AVENUE, SUITE	200					
(Street)							
SUMMIT	NJ	07901					
(City)	(State)	(Zip)					

## **Explanation of Responses:**

1. The reported securities are directly owned by certain private investment vehicles managed by Pennant Capital Management, LLC and may be deemed beneficially owned by Pennant Capital Management, LLC as investment manager of such private investment vehicles. The reported securities may also be deemed beneficially owned by Alan Fournier as Managing Member of Pennant Capital Management, LLC. The Reporting Persons disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Persons are the beneficial owners of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Pennant Capital Management,

LLC, By: /s/ Alan Fournier, 08/15/2012

**Principal** 

<u>/s/ Alan Fournier</u> <u>08/15/2012</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).