FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burd | en | | | | | | | | |
| 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).

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 and Address of Reporting Person * Bacchus Judith L | | | | | | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL STAINLESS & ALLOY | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| (Last) | (F | First) | (Middle) | | - PF | PRODUCTS INC [USAP] | | | | | | | | | | (give title | | Other (s | | | |
| SUITE 5100 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/30/2018 | | | | | | | | | | | ŕ | | | |
| 600 GRANT STREET | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) PITTSBURGH PA 15219 | | | | | _ | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | Person | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | -Deriv | ative | e Se | curitie | s Acq | quired, I | Disp | osed c | of, or Be | enefi | iciall | y Owned | l . | | | | | |
| Date | | | | | | n/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 a | | | | es For ially (D) Following (I) (| | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | (A) or (D) | | rice | | nsaction(s) str. 3 and 4) | | | (Instr. 4) | | | | | |
| Common | Stock | | 0/201 | 2018 | | A | | 1,66 | l,665 A | | (1) | 1, | 1,665 | | D | | | | | | |
| | | ٦ | able II - I | | | | | | ired, Di option | | | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Co | Code | v | (A) | | Date Exercisable | | opiration | Title | or | ount nber res | | | | | | | |
| Stock Option (right to | \$19.73 | 11/30/2018 | | | A | | 1,250 | | (2) | 11 | ./30/2028 | Common Stock | 1,2 | 250 | \$0 | 1,250 | | D | | | |

Explanation of Responses:

- $1.\ Restricted\ stock\ unit\ award\ which\ vests\ in\ three\ equal\ annual\ installments\ commencing\ on\ May\ 31,\ 2019$
- $2.\ 417\ options\ exercisable\ 11/30/2019\ 417\ options\ exercisable\ 11/30/2020\ 416\ options\ exercisable\ 11/30/2021$

Paul A. McGrath (AIF) 12/03/2018

** 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.