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 burden									
-	hours per respense:	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

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Name and Address of Reporting Person*  TOLEDANO UDI					<u>U1</u>	2. Issuer Name <b>and</b> Ticker or Trading Symbol UNIVERSAL STAINLESS & ALLOY								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
TOLLI	2711100	<u>D1</u>			PF	PRODUCTS INC [ USAP ]								<b>V</b>	_			10% Ov	·	
(Last)	Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/31/2024									Officer below)	(give title		Other (s below)	specify	
OT BOTTIEBB BICTE							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)						
S. ORANGE NJ 07079															_	filed by One Reporting Pers		Ū		
					_										Form f Persor		d by More than One Repo		rting	
(City) (State) (Zip)				Rı	Rule 10b5-1(c) Transaction Indication															
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to														
satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (I 5)			ired (A nstr. 3,	) or 4 and	Securition Benefici	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or P	rice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 05/31/					1/2024	/2024			M <sup>(1)</sup>		2,500	) A		\$ <mark>0</mark>	96	96,198		D		
Common Stock 05/31				1/2024	/2024			F		2,241	l D	9	33.63	93,957			D			
		Т	able II -	Deriva	tive 9	Secu	rities	Δca	uired D	isn	nsed of	or Be	nefic	ially (	Owned					
		•							, option						Ownea					
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	ed Date,	4. Transa Code ( 8)	ction	5. Number n of		6. Date Exercisa Expiration Date (Month/Day/Yea		able and	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		urity	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow For Dir or I (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or	ount mber ares						
Stock Option <sup>(2)</sup>	\$30.14	05/31/2024			M		2,500		05/31/202	4 0	6/01/2024	Commor Stock	2,5	500	\$0	0		D		

## Explanation of Responses:

1. Represents a net exercise of outstanding stock options. These shares were withheld by the Company for payment of the exercise price and applicable taxes, using the closing price on May 30, 2024, of \$33.63.

2. Award granted under the Omnibus Incentive Plan.

John Arminas AIF

06/14/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.