SEC Form 3

FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	Address of Repo	0	2. Date of Event Requiring Stater (Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol UNIVERSAL STAINLESS & ALLOY PRODUCTS INC [USAP]					
(Last) (First) (Middle) 1631 KYLE CREST TRAIL		04/15/2009		4. Relationship of Reporting Pe (Check all applicable) X Director Officer (give title below)		son(s) to Issu 10% Own Other (spe below)	er 6.	[······		
(Street) CYPRESS (City)	TX (State)	77433 (Zip)	_		Delow)		Delow)		X Form filed by One Reporting Person Form filed by More than One Reporting Person	
			Table I - Nor	n-Derivati	ve Securitie	s Beneficiall	y Owned	J		
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)		1		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Table II - E (e.g., puts, cal			Beneficially convertible		s)		
1. Title of Derivative Security (Instr. 4)			Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Secur 4)		4. Conversion or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

Paul A. McGrath (AIF)

04/15/2009

\*\* 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 5 (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.