FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-028								
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 and Address of Reporting Person*  PENNANT CAPITAL MANAGEMENT,  LLC  (Last) (First) (Middle)  26 MAIN STREET  SUITE 203				Issuer Name and Ticker or Trading Symbol UNIVERSAL STAINLESS & ALLOY PRODUCTS INC [USAP]      One of Earliest Transaction (Month/Day/Year)     One of Earliest Transaction (Month/Day/Year)      If Amendment, Date of Original Filed (Month/Day/Year)							Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director								
(Street) CHATHA (City)			7928 Zip)											2		filed by M		eporting Pe nan One R	
		Tabl	e I - I	Non-Deriv	ative \$	Sec	urit	ies Ac	quired	l, Di	sposed of	f, or B	enefi	cial	ly Owne	ed			
1. Title of \$	Security (Ins	tr. 3)		2. Transaction Date (Month/Day/	Year) if	xecu	,	ed Date, y/Year)	3. Transac Code (II 8)		4. Securitie Disposed C and 5)	Of (D) (In	str. 3,	4	5. Amou Securiti Benefici Owned Followin Reporte Transac	es ially ng ed	Forn (D) o	rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common	Stock			06/08/20	012				P		1,371	(D)	+	1.13	(Instr. 3			I	See Footnote <sup>(1)</sup>
Common	Stock			06/11/20	12				P		8,400	A	\$40	0.75	996	5,215		I	See Footnote <sup>(1)</sup>
Common	Stock			06/12/20	12				P		7,100	A	\$39	9.51	1,00	3,315		I	See Footnote <sup>(1)</sup>
		Та	ble II	l - 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)	Execu	eemed ution Date,	4. Transac Code (I 8)	tion	5. Of De Se Ac (A Di of	Number	6. Date Expira (Month	Exer	cisable and late	7. Title Amoun Securiti Underly Derivati Security 3 and 4	and t of ies ying ive y (Instr	8 0 0	i. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A	) (D)	Date Exerci	sable	Expiration Date	Title	Amour or Number of Shares	er					
		Reporting Person																	
PENN	ANT CA	PITAL MANA	<u>AGE</u>	MENT, I	<u>LLC</u>														
(Last) 26 MAIN SUITE 20	STREET	(First)	Л)	Middle)															
(Street)	AM	NJ	0	7928															
(City)		(State)	(Z	Zip)															

1. Name and Addre	, ,	rson*						
(Last)	ast) (First) (Middle)							
C/O PENNANT CAPITAL MANAGEMENT, LLC								
26 MAIN STREET, SUITE 203								
(Street)								
CHATHAM	NJ	07928						
-								
(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, 06/12/2012

**Principal** 

<u>/s/ Alan Fournier</u> <u>06/12/2012</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.

 $<sup>^{\</sup>star}$  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).