FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| 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).

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

| Name and Address of Reporting Person* ZIMMER CHRISTOPHER M | | | | | | 2. Issuer Name and Ticker or Trading Symbol UNIVERSAL STAINLESS & ALLOY PRODUCTS INC [USAP] | | | | | | | | | | eck all app Direc | icable) | | son(s) to Iss 10% O Other (| |
|--|--|--|---|-------|------------------------------|---|-------|--------|---|---|----------|-----------------|------------------------------------|-----------------------------------|---|--|--------------------------------------|--|--|---|
| (Last) | (F YER STRE | | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/11/2021 | | | | | | | | | | ^ below | ') | | below) | ` |
| | VILLE PA | | 15017 | | 4. If | I. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | e) <mark>X</mark> Form Form | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (5 | | (Zip) | . D | | | | - 4 - | | -l D: | | | | | | h . O | -I | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/It | | | | | action | Execution Date, | | | 3. Tra | 3. 4. Securi Transaction Disposed Code (Instr. 5) | | | ities A | cquirec | I (A) or | 5. Amo Securit | unt of ies cially Following | Forn (D) o | vnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Co | le V | | Amount | (A) or (D) | | Price | Transa | Transaction(s) (Instr. 3 and 4) | | | (| | | | |
| Common Stock 11/ | | | | | /2021 | | A | | | 12,500 A | | A | \$0 ⁽¹ | 11 | 119,098 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 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/Da | Date, | 4. Transa Code (8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Ex Da | piration ate | Title | 1 | Amount or Number of Shares | | | | | |
| Stock Option (Right to | \$9.35 | 11/11/2021 | | | A | | 5,500 | | (2 | | 11. | /11/2031 | Com | | 5,500 | \$0 | 5,500 |) | D | |

Explanation of Responses:

- 1. Award of Restricted Stock Units will vest 5,000 on 11/11/2023 and 7,500 on 11/11/2025.
- $2.\ 1,375\ will\ vest\ on\ 11/11/2022,\ 1,375\ will\ vest\ on\ 11/11/2023,\ 1,375\ will\ vest\ on\ 11/11/2024\ and\ 1,375\ will\ vest\ on\ 11/11/2025\ and\ 11/11/202$

John Arminas (AIF)

11/15/2021

** 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.