## Edgar Filing: Silk Mark J - Form 4

Silk Mark J Form 4										
September 14	. 2018									
	Л							OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287	
Check this if no longe	ar						Expires:	January 31, 2005		
subject to Section 16. Form 4 or			ANGES IN SECUR		IAL (	ERSHIP OF	Estimated average burden hours per response 0			
Form 5 obligation may contin <i>See</i> Instruct 1(b).	s Section 17(a			ling Compa	any Ao	ct of	1935 or Section			
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u>*</u> Silk Mark J			2. Issuer Name <b>and</b> Ticker or Trading Symbol SIFCO INDUSTRIES INC [SIF]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	liddle) 3. Da	3. Date of Earliest Transaction				Спеск	all applicable	)	
(]			(Month/Day/Year) 09/13/2018				_X_ Director Officer (give t below)	itle $X_10\%$ below)	Owner r (specify	
			Amendment, Da Month/Day/Year	-			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
CLEVELAN	D, OH 44103					:	Form filed by Me Person	ore than One Rej	porting	
(City)	(State) (	Zip) 7	able I - Non-D	erivative Sec	curities	a Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Transaction Date 2A. Deemed Ionth/Day/Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
SIFCO Industries, Inc. Common Stock	09/13/2018		Code V G V	200.000	(D) D	Price \$ 0	412,620	D		
SIFCO Industries, Inc. Common Stock	09/13/2018		G V	, <u>300,000</u> ( <u>1)</u>	A	\$ 0	300,000	I	By The HHS Trust	

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

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 control number.

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	'Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	<b>T</b> . 1	or		
						Exercisable	Date	Title	Number		
				<b>C</b> 1 V	(A) (D)				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
r o	Director	10% Owner	Officer	Other			
Silk Mark J 970 E. 64TH STREET CLEVELAND, OH 44103	Х	Х					
Signatures							
/s/ Elizabeth Button - by power attorney	of	09/14/2018					
**Signature of Reporting Person		Date					

## **Explanation of Responses:**

\* 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).

(1) Reflects a bona fide gift by Mr. Silk for no consideration to The HHS Trust, a trust established for the benefit of Mr. Silk's children.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.