SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL
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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* Lewis Michael	2. Date of Event Requiring Staten (Month/Day/Year 10/19/2015	nent 📘	3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>POWER SOLUTIONS INTERNATIONAL, INC.</u> [ PSIX ]				
(Last) (First) (Middle) C/O 201 MITTEL DRIVE			4. Relationship of Reporting Perso (Check all applicable) Director	10% Owne	r (M	5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) WOOD IL 60191	_		X Officer (give title below) Chief Financial C	Other (spe below) Officer	· [0.	plicable Line) X Form filed b	t/Group Filing (Check y One Reporting Person y More than One erson
(City) (State) (Zip)							
	Table I - Non	-Derivati	ve Securities Beneficiall	y Owned			
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)			. Nature of Indirect Beneficial Ownership nstr. 5)	
			e Securities Beneficially nts, options, convertible		s)		
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Da (Month/Day/Y	ate	3. Title and Amount of Securit Underlying Derivative Securit		4. Conversio or Exercis	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Appreciation Right	10/19/2018 <sup>(1)</sup>	10/19/2025	Common Stock	60,000	24.41	D	

Explanation of Responses:

1. The Issuer granted the stock appreciation right (the "SAR") on October 19, 2015 (the "Grant Date") under the Issuer's 2012 Incentive Compensation Plan (the "2012 Plan"). The SAR vests and becomes exercisable in equal installments beginning on the third anniversary of the Grant Date and continuing for the next four anniversaries from the Grant Date.

**Remarks:** 

<u>/s/ Catherine V. Andrews,</u> <u>attorney-if-fact for Michael P.</u>

**Lewis** 

10/26/2015

\*\* 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.