| SEC Form 4 FORM 4 | UNITE | D STA | TES | SEC | URIT | LIES | S AN | DE | XCHAI | NGE | со | мм | IISSIO | N | | | | |
|--|-------------------------------|--|---|--|--|---|---|---|----------------------|-------------------------------------|---|---|---|--|---|--|---------------------------------------|--|
| | | Washington, D.C. 20549 | | | | | | | | | | OMB APPROVAL | | | | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | Pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | Estima | | | Number: 3235-0287 ated average burden per response: 0.5 | | |
| Check this box to indicate that a transaction was made pursuant to contract, instruction or written plar for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | a | | | | | | | | | | | | | | | | | |
| 1. Name and Address of Reporting Person* <u>SIMPKINS FRANK P</u> | | | | 2. Issuer Name and Ticker or Trading Symbol <u>POWER SOLUTIONS</u> | | | | | | | | | elationship eck all app | licable) | Reporting Person(s) to Issuer ble) 10% Owner | | | |
| | | | INTERNATIONAL, INC. [PSIX] | | | | | | | | | | fficer (give title Other (spe | | | specify | | |
| (Last) (First) 201 MITTEL DR. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2024 | | | | | | | | | v) | | below) | | |
| (Street) | 4. lf / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| WOOD DALE IL 60191 | | | | | | | | | | | | | Form filed by One Reporting Person | | | | | |
| (City) (State) | (Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | Table I - No | on-Deriva | ative \$ | Secu | rities A | Acqu | uired, | Dis | posed of | , or E | Benef | icia | lly Own | ed | | | | |
| 1. Title of Security (Instr. 3) | 2. Transa Date (Month/D | | Exe if an | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | , 4 and Securit Benefic Owned | | ties cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | Code | v | Amount | (A) (D) | or P | rice | | ed ction(s) 3 and 4) |) | | (Instr. 4) | | |
| Common Stock 12/1 | | | 2024 | | | | Α | | 5,000(1) | I | <u>۱</u> | \$ <mark>0</mark> | 4(|),000 | D | | | |
| | Table II | | | | | | | | osed of, onvertib | | | | y Owned | d | | | | |
| 1. Title of Derivative (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Month/Da | /Year) if any | eemed tion Date, n/Day/Year) | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | te | Amount of | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | Code | v | (A) (I | | Date Exercisa | able | Expiration Date | Title | Amou or Numb of Share | ber | | | | | | |

1. Represents Common Stock in the form of restricted stock granted under Issuer's 2012 Incentive Compensation Plan as amended and restated and subject to certain restrictions contained in a Restricted Stock Agreement, dated as of December 12, 2024, between Issuer and Frank P. Simpkins. Subject to certain conditions, 5,000 shares will vest on July 10, 2025.

** Signature of Reporting Person Date

12/16/2024

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.