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 A Miller Joh	Address of Reportinn P.	ng Person [*]		Requiring Statement (Month/Day/Year) POWER SOLUTIONS INTERNATIONAL, INC. [PSIX]					
(Last) (First) (Middle) C/O 201 MITTEL DRIVE				4. Relationship of Reporting Pers (Check all applicable) Director	10% Owne	er (Mo	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) WOOD DALE	IL	60191	_		X Officer (give title below) CEO and Presi	Other (spe below) dent	App	licable Line) K Form filed b	t/Group Filing (Check y One Reporting Person y More than One Yerson
(City)	(State)	(Zip)							
			Table I - Non	-Derivati	ive Securities Beneficial	ly Owned			
1. Title of Security (Instr. 4)					. Amount of Securities ieneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)			2. Date Exerce Expiration Da (Month/Day/Y	ate	3. Title and Amount of Secur Underlying Derivative Securi		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of	(Doomonooo		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Remarks:

No securities are beneficially owned.

By: /s/ John P. Miller

** Signature of Reporting Person

06/21/2017

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.