FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

|      |          |    |       | JI 1/ |  | <br>UU. | • |
|------|----------|----|-------|-------|--|---------|---|
| \//a | shinator | DC | 20549 |       |  |         |   |

**OMB APPROVAL** 

| OMB Number:         | 3235-0287                |  |  |  |  |  |  |  |  |  |
|---------------------|--------------------------|--|--|--|--|--|--|--|--|--|
| Estimated average b | 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*     Winemaster Gary S |   |                          |                  | 2. Issuer Name and Ticker or Trading Symbol POWER SOLUTIONS INTERNATIONAL, INC. [ PSIX ] |   |                  |   |                           |   |                 |                                      |  | k all app<br>Direc  | tor  | ng Pers                                   | ] 10% Ov   | vner |  |   |
|---|---|--------------------------|------------------|--|---|------------------|---|---------------------------|---|-----------------|--------------------------------------|--|---|--|---|--|------|--|---|
| (Last) (First) (Middle) 201 MITTEL DRIVE                    |   |                          |                  |  | 3. Date of Earliest Transaction (Month/Day/Year) 10/17/2024 |                  |   |                           |   |                 |                                      |  |   | Officer (give title Other (specify below) below) |   |  |      |  |   |
| (Street) WOOD DALE IL 60191 (City) (State) (Zip)            |   |                          |                  |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |                  |   |                           |   |                 |                                      | )  | 6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person |  |   |  |      |  |   |
|   |   | Table                    | I - Nor          | n-Deriva   | tive S  | Secui            | rities  | Acq                       | uired,  | Dis             | posed of                             | , or E   | Benefi  | cially   | y Own                                     | ed   |      |  |   |
| Da  |   |                          |                  | Date<br>(Month/Day/Year) i   |   | Exec<br>if any   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                           |   |                 | es Acquired (A)<br>Of (D) (Instr. 3, |  | 4 and Securi<br>Benefi<br>Owned   |  | ies<br>cially<br>Following                | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                          |      | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)        |   |
|   |   |                          |                  |  |   |                  |   | Code                      | v   | Amount          | (A) (D)                              | or Pri   | е   | Reported<br>Transaction(s)<br>(Instr. 3 and 4)   |   |  |      | (111311. 4)  |   |
| Common Stock 10/17/2  |   |                          |                  |  | 2024  |                  | S   |                           | 4,918   | D \$2           |                                      | 5.21   | 3,100,308   |  | D   |  |      |  |   |
| Common Stock  |   |                          |                  |  |   |                  |   |                           |   |                 |                                      |  |   |  |   | 681  |      | 1 1  | By<br>spouse  |
|   |   | Tal                      |                  |  |   |                  |   |                           |   |                 | osed of, o                           |  |   |  | Owne                                      | t  |      |  |   |
| Security or Exe<br>(Instr. 3) Price Deriva                  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | Date<br>(Month/Day/Year) | Execution if any | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)                              |   | ection<br>Instr. | of<br>Deriv   | r<br>osed<br>)<br>r. 3, 4 | 6. Date Exerci<br>Expiration Dat<br>(Month/Day/Ye |                 | te                                   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |   | De<br>Se<br>(In                                  | Price of<br>rivative<br>curity<br>str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y G  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Natur<br>of Indirec<br>Beneficia<br>Ownersh<br>(Instr. 4) |
|   |   |                          |                  |  | Code  | y (A) (D)        |   |                           |   | Expiration Date | Title                                | Amour<br>or<br>Number<br>of<br>Shares  | ber   |  |   |  |      |  |   |

**Explanation of Responses:** 

/s/ Gary S. Winemaster

10/29/2024

\*\* 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.