FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APF	PROVAL						
OMB Number:	3235-0104						
Estimated average burden							
hours per response	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

He Hong			2. Date of Event Requiring Stater (Month/Day/Yea 11/14/2019	ment	3. Issuer Name and Ticker or Trading Symbol POWER SOLUTIONS INTERNATIONAL, INC. [PSIX]							
(Last) (First) (Middle) C/O 201 MITTEL DRIVE				Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)					
(Street) WOOD DALE	IL	60191				Officer (give title below)	Other (spe below)	ecify		cable Line) Form filed b	/Group Filing (Check y One Reporting Person y More than One erson	
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					Beneficially 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 Exercisable Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Secu Underlying Derivative Secur		ity (Instr. 4) Conve		rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	e	Amount or Number of Shares	Price o Derivat Securit	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

<u>/s/ Hong He</u> <u>12/20/2019</u>

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).