FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL										
١	OMB Number:	3235-0287									
	Estimated average burden										
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	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

STATEMENT 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

					1																
	nd Address of an <mark>James</mark>	Reporting Person' A .	2. Issuer Name and Ticker or Trading Symbol SHYFT GROUP, INC. [SHYF]										k all app	p of Reporti plicable)	ng Per	rson(s) to I					
		2 Dat	2 Date of Farlingt Transportion (Month/Day/Voc.)								Λ		Director								
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 07/28/2023									er (give title v)		Other (s	specify		
C/O THI	4. If Ai	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable											
41280 B		2									Line) X Form filed by One Reporting Person										
(Street)																Form filed by More than One Reporting Person					
NOVI MI 48375				Dul	Rule 10b5-1(c) Transaction Indication																
(City) (State) (Zip)								` ,									:	414 :- :			
		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													enaea to						
		Table	I - No	n-Deriva	tive S	ecur	ities	Acc	uired,	Dis	posed of	f, or E	Benefi	cially	y Owr	ned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)					4 and Secur Benef Owner Follow		cially I ring	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) (D)	or Pric	е	Report Transa (Instr.	ted action(s) 3 and 4)								
Common	023				P		7,610	A	. \$14	\$14.5(1)		126,916			By Trust. ⁽²⁾						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
				(e.g., pu	ts, cal	ls, v	varra	ınts,	optior	ıs, c	onvertib	le se	curitie	s)							
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any			ution Date,	4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rative rities ired r osed)	6. Date Expirati (Month/	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)			Expiration Date	Title	Amount or Number of Shares									

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$14.49 to \$14.53 inclusive.
- 2. The shares were purchased through the June M. Sharman Trust, of which the reporting person is a trustee.

/s/ Joshua A. Sherbin as Attorney In Fact for James A. 08/01/2023 Sharman

** 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.