FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

washington, D.C. 20549	

OIVIB API	PROVAL
OMB Number:	3235-0287
Estimated average	e burden

0.5

hours per response:

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 10b5-1(c) See Instruction 2

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*			2. Issuer Name and Ticker or Trading Symbol SHYFT GROUP, INC. [SHYF]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Farmer</u>	Jacob O	<u>wen</u>			311	11.1	GROUF	<u>, 111C</u>	<u>.</u> [3.	шт		`		irector officer (give title		10% Ov Other (s		
(Last) (First) (Middle) C/O THE SHYFT GROUP 41280 BRIDGE STREET				3. Date of Earliest Transaction (Month/Day/Year) 12/18/2024							Officer (give title Other (specify below) President, Fleet Vehicles							
(Street) NOVI (City)	M)		8375 Zip)		4. If A	mendn	nent, Date o	of Origina	al File	d (Month/Da	y/Year)		ine) F	al or Joint/Grou orm filed by On orm filed by Mo erson	e Reporti	ng Pers	on	
		Table	I - No	n-Deriva	tive S	ecur	ities Acq	uired,	Dis	posed of	, or Be	enefic	ially O	wned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)		es Acquired (A) o Of (D) (Instr. 3, 4 a		and Se Be Ov	Amount of curities neficially vned Following ported	6. Owne Form: D (D) or In (I) (Instr	irect direct 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount	(A) or (D)	Price	Tra	nsaction(s) str. 3 and 4)			(IIISU. 4)	
Common Stock 12/18			12/18/2	/2024		F		7,904(1)	D	\$12	2.31	45,069	D					
		Tal								osed of, convertib				ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transac Code (I 8)	ction nstr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration Day/Y		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price Derivat Securit (Instr. 5	ive derivative Securities	Ow For Dire or I (I) (nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. These shares were withheld by The Shyft Group, Inc. to satisfy tax withholding obligations incident upon the vesting of previously granted restricted stock units ("RSUs"). These RSUs were otherwise scheduled to vest in February 2025, March 2025, and July 2025 but vesting was accelerated for the purpose of reducing or eliminating the excise tax under Section 280G and Section 4999 of the Internal Revenue Code of 1986 that would be imposed on amounts payable to the reporting person in connection with the consummation of the transactions contemplated by the Agreement and Plan of Merger, dated December 16, 2024, by and among The Shyft Group, Inc., Aebi Schmidt Holding AG ("Aebi Schmidt"), ASH US Group, LLC, a direct, wholly owned subsidiary of Aebi Schmidt, and Badger Merger Sub, Inc.

Date

Exercisable

Date

(D)

(A)

/s/ Joshua A. Sherbin as Attorney In Fact for Jacob O. 12/20/2024 Farmer

** Signature of Reporting Person Date

or Number

Shares

Title

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).

Code

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.