FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Г											
	OMB APPROVAL										
П											
	OMB Number:	3235-0287									
	Estimated average burden										
	hours per response	e: 0.5									

	Check this box if no longer subjec
	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

							,				inpuny Act t	J. 20 .									
Name and Address of Reporting Person* Esposito Carl A.						2. Issuer Name and Ticker or Trading Symbol SHYFT GROUP, INC. [SHYF]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Lisposito Cari A.														_	X Direc	ctor		10% Ov	vner		
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/12/2023									Offic below	er (give title w)		Other (s below)	specify				
C/0 THE SHYFT GROUP						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
41280 BRIDGE STREET					4. II Amendment, Date of Original Fried (Month/Day/Year)							Line	Line)								
y-	l										X Form filed by One Reporting Person										
(Street) NOVI															Form filed by More than One Reporting Person						
1.011			00,0		Dul	Rule 10b5-1(c) Transaction Indication															
					Truit	2 T(JUJ-	T(C)	man	sac	tion mu	lica	liOii								
(City) (State) (Zip)					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.																
<u> </u>																					
		Table	l - No	n-Deriva	tive S	ecui	rities	Acq	Juired,	Dis	posed of	f, or	Ber	eficia	illy Owi	ned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)					Execution Date,			3. Transaction Code (Instr. 8) 4. Securitie Disposed C 5)			es Ac Of (D)	quired (Insti	I (A) or : 3, 4 an		icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A (D) or)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)						
Common stock 07/12/20						2023			A ⁽¹⁾		210		A	\$21.1	12 10,931			D			
		Tah	الما	Derivativ	10 S00	rit	ioc	7 can	irod D	icn	ocod of	or D	ono	ficial	v Own	nd		<u> </u>			
		Idu	ie ii -	(e.g., pu												ŧu					
1. Title of Derivative Security (Instr. 3)	e of 2. 3. Transaction titive Conversion Date Execution Date, (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities iired ir osed) r. 3, 4	6. Date Exer Expiration I (Month/Day/		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f I	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y [1	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Nu of	mber ares							

Explanation of Responses:

1. The director elected to receive these shares in lieu of a percentage of the cash fees otherwise payable to him for his service on the Board of Directors. These shares were issued pursuant to the Company's Directors' Stock Purchase Plan.

/s/ Joshua A. Sherbin as
Attorney In Fact for Carl A. 07/14/2023
Esposito

** 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.