FORM 5

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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		Washington, D.C. 20
Check this box if no longer subject		•
to Section 16. Form 4 or Form 5		

Washington,	D.C.	20549	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL										
OMB Number:	3235-0362									
Estimated average	burden									
hours per response	1.0									

Form 3	Form 3 Holdings Reported.									ho	urs per r	esponse:		1.0														
X Form 4	Transactions I	Reported.	Filed	I pursuant to S or Section 3								934																
1. Name and Address of Reporting Person* MASCARENAS PAUL ANTHONY				2. Issuer Name and Ticker or Trading Symbol SHYFT GROUP, INC. [SHYF]					Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner																			
	(Fir	ROUP	Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020						·)	Officer (give title Other below) below					pecify												
41280 B	RIDGE STI	REET		4. If Amend	ment,	Date o	of Orig	jinal File	d (Month/	Day/Ye	ear)		6. Individual or Joint/Group Filing (Check Applicable Line)															
(Street) NOVI	MI	. 4	l8375								X Form filed by One Reporting Pers Form filed by More than One Rep Person																	
(City)	(Sta	ate) (Zip)																									
		Table	I - Non-Deriva	ative Secu	rities	s Acc	uire	d, Dis	posed	of, oı	r Ber	efici	ally Owr	ned	_													
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if any		Code (Instr.		4. Securities Acquired (A) or Disport (D) (Instr. 3, 4 and 5)		sposed	Securities Beneficially		Owne ly Form:		Indir Bene	eficial													
				(MOIIIII/Day/Te	ai) o	•)	Amount (A) or (D) Price			Owned at endes and selection of the last o		scal Îndirect (
Common Stock 10/07/2020			10/07/2020	A4 ⁽¹⁾		1)	275 A		A	\$2	20.99	41,	1,128 ⁽²⁾		D													
		Та	ble II - Derivat (e.g., pı	ive Securit ıts, calls, v										d														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	Expiration Date (Month/Day/Year)		iration Date nth/Day/Year)		ration Date hth/Day/Year) Expiration		ration Date tht/Day/Year) Amount or Securities Underlying Derivative Security (I 3 and 4) Am or Nui Expiration Of		ation Date th/Day/Year) Amount of Securities Underlying Derivative Security (Ins 3 and 4) Expiration Amount of Securities Amount of Securities Indexing Derivative Security (Ins 3 and 4)		iration Date tht/Day/Year) Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount of Amount of Amount of Numb: Security (Ins) Of Numb: Of		iration Date nth/Day/Year) Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount of Amount of Amount of Numb of Numb of		Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amou or Numb of of		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefic Owned Followir Reporte Transac (Instr. 4)	ve es ially ng ed etion(s)	10. Owners Form: Direct (or Indir (I) (Inst	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)

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.
- 2. Includes shares acquired pursuant to DRIP.

/s/ Kimberly A. Baber as Attorney In Fact for Paul A.

02/01/2021

Mascarenas

** Signature of Reporting Person

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.