## Edgar Filing: Michael Lipscomb S - Form 4

Michael Lip	scomb S											
Form 4												
February 10												
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						т	OMB APPROVAL				
	UNITE	DSIAIL		hington,			NGE (	20141141155101	OMB Number:	3235-0287		
Check th			v v do	inington,	D.C. 20					January 31,		
if no long		EMENT O	F CHAN	GES IN BENEFICIAL OWN				NERSHIP OF	Expires:	2005		
subject to Section 1				SECURITIES					Estimated average burden hours per			
	Form 4 or									response 0.5		
Form 5 obligatio	<b>n</b> a <b>1</b>			. ,			C C	e Act of 1934,				
may cont				-	-			f 1935 or Sectio	n			
See Instr	uction	30(h)	of the In	vestment	Compan	y Act	t of 194	40				
1(b).												
(Print or Type l	Responses)											
	•											
1. Name and Address of Reporting Person <sup>*</sup> 2. Issuer Name <b>and</b> Ticker or Trading 5. Relationship of						f Reporting Person(s) to						
Michael Lip	oscomb S		Symbol	loldings, Inc. [AIMC]				Issuer (Check all applicable)				
			Altra Ho									
(Last)	(First)	(Middle)	3. Date of Earliest Transaction			(						
		~ ~ ~ ~	(Month/D	•				_X_ Director		6 Owner		
SIFCO INDUSTRIES, INC., 970 02/04/20 EAST 64TH STREET				)10				Officer (give titleOther (specifybelow)below)				
EASI 6411	1 STREET											
				Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mc				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
CLEVELA	ND, OH 44103							Form filed by M	More than One Re			
	, 011 11105							Person				
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction D	Date 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Yea		Execution Date, if		on(A) or $Di$	ispose	d of					
(Instr. 3)		any (Month/	/Day/Year)	Code (D) (Instr. 8) (Instr. 3, 4 and 5)			Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership			
		,	<b>,</b>	. ,	. ,		,	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
						or	D.	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price					
Stock, par					5,714		\$					
value	02/04/2010			А	(1)	А	10.5	18,775	D			
\$0.001												

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Titl Deriva Securi (Instr.	ative ity	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
					Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

attorney-in-fact

\*\*Signature of Reporting Person

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Michael Lipscomb S SIFCO INDUSTRIES, INC. 970 EAST 64TH STREET CLEVELAND, OH 44103	Х							
Signatures								
Todd Patriacca,	02/	10/2010						

**Explanation of Responses:** 

\* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These shares are restricted common stock, par value \$0.001 ("Restricted Common Stock"), awarded to the Reporting Person under the Altra Holdings, Inc. 2004 Equity Incentive Plan, as amended. The shares are fully vested on the grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.