

TPI COMPOSITES, INC

Reported by **HILDERHOFF JAMES**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 08/13/20 for the Period Ending 08/11/20

Address 8501 N SCOTTSDALE ROAD

GAINEY CENTER II, SUITE 100

SCOTTSDALE, AZ, 85253

Telephone 480-305-8910

CIK 0001455684

Symbol TPIC

SIC Code 3510 - Engines And Turbines

Industry Renewable Energy Equipment & Services

Sector Energy



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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. Name and Address of Reporting Person *														5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Hilderhoff	James				ΤP	I COMP	OSI	ΙĿ	S, II	NC	[TP]	IC	J		5 .		100	0	
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							<i>(</i>)		Director 10% Owner					
(====)														X_Officer (give title below) Other (specify below)					
8501 NORTH SCOTTSDALE					8/11/2020								C	Chief Commo	ercial Off	ficer			
ROAD, SU																			
(Street)				4. If Amendment, Date Original Filed (MM/DD/YYYY)							DD/YYYY	Y) 6.	6. Individual or Joint/Group Filing (Check Applicable Line)						
							-,		- 0									· · · · · · · · · · · · · · · · · · ·	,
SCOTTSDALE, AZ 85253													_2	_X _ Form filed by One Reporting Person					
(City) (State) (Zip)													Form filed by More than One Reporting Person						
1. Title of Security (Instr. 3) 2. Trans. E				ate 2	Execution Date, if any (Instr. 8)			ode	4. Securities Acquired (A) 5 or Disposed of (D)			5. An Follo (Instr	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4) 6. Ownership of Inc. Form: Benet Direct (D) Owner				7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Т	able II - D	erivative	e Securit	ies E	Beneficially	Own	ed	(e.g.,	puts	, calls	s, w	arrants	s, opt	tions, conver	tible secu	urities)		
1. Title of Derivate Security (Instr. 3)	or Exercise Price of Derivative		3A. Deem Execution Date, if an	Code		5. Number of Derivative S Acquired (A Disposed of (Instr. 3, 4 a	Securities A) or f (D)		6. Date Exercisable and Expiration Date			7. Title as Securities Derivativ (Instr. 3 a	s Unde	nderlying Derivative Security		9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	v	' (A)	(1)	D)	Date Exercis		Expirat Date	ion	Title	N	mount or lumber of hares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Stock Options (Right to buy)	\$29.56 (1)	8/11/2020	8/11/202	0 A		110000.0	0		<u>(1</u>)	8/11/20)30	Commo Stock		110000.00	\$29.56	110000.00	D	

Explanation of Responses:

(1) 25% of these securities vest on the first anniversary of the effective date of the grant and 6.25% vest on each quarterly anniversary thereafter, such that 100% of these securities vest on the fourth anniversary of this grant; provided, that the Reporting Person continues to be employed by the Issuer through each applicable vesting date.

Reporting Owners

Reporting Owner Name / Address		Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Hilderhoff James 8501 NORTH SCOTTSDALE R SUITE 100 SCOTTSDALE, AZ 85253	OAD		Chief Commercial Officer						

Signatures

/s/ Steven G. Fishbach, Attorney-in-Fact	8/13/2020
**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 control number.