

TPI COMPOSITES, INC Reported by SCHUMAKER BRYAN ROBERT

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/13/20 for the Period Ending 03/11/20

Address 8501 N SCOTTSDALE ROAD

GAINEY CENTER II, SUITE 100

SCOTTSDALE, AZ, 85253

Telephone 480-305-8910

CIK 0001455684

Symbol TPIC





[] 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

Units Restricted Stock											Commo					
Restricted Stock	<u>(1)</u>	3/11/2020		A		19620.0	0	(1)(2)	(1)(2)	Common Stock	19620.00	\$0.00	19620.00	D	
	Security			Code	v	(A)	(D	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			9. Number of derivative Securities Beneficially Owned	Form of Derivative Security:	Beneficial
	Ta	ble II - Dei	rivative So	ecurities	Bei	neficially	Owned	l (<i>e.g.</i> ,	, puts	, calls, w	arrants,	options, conve	rtible sec	urities)		
1.Title of Security (Instr. 3) 2. Trans. I			Frans. Date	2A. Deemed Execution Date, if any 3. Trans. Coc (Instr. 8) Code			Code	or Disposed of (D)		nstr. 3 and 4) For Director I			Ownership Form: Direct (D) or Indirect (I) (Instr.	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
												neficially Own				T
SCOTTSDALE, AZ 85253 (City) (State) (Zip)											X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
SCOTTSD	ALF A7.	85253					,	Č		,	ĺ					ĺ
100	(Str	reet)		4.	If A	Amendme	nt, Date	Origi	nal Fi	led (MM/I	DD/YYYY	6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)
ROAD, GA 100				E												
8501 NORTH SCOTTSDALE					3/11/2020							Chief Financ	ial Office	r	(1)	,
(Las	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							Director10% Owner X Officer (give title below) Other (specify below)				
Schumaker	Bryan R	obert		T	PΙ	COMP	OSIT	ES, I	NC	[TPIC]	P: .		100		
1. Name and Address of Reporting Person *				2.	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			

Explanation of Responses:

- (1) Each restricted stock unit ("RSU") represents a contingent right to receive one share of the common stock. All unvested RSUs will automatically expire upon Reporting Person's termination of service from Issuer
- (2) The RSUs will vest in three tranches: 1/3 will vest upon the Issuer's common stock achieving a market price of \$30, 1/3 will vest upon the Issuer's common stock achieving a market price of \$43, in each case during the performance period starting on January 1, 2020 and ending on December 31, 2022; provided, that the Reporting Person continues to provide services to the Issuer through the vesting period.
- (3) 100% of the RSUs will vest on March 11, 2023; provided, that the Reporting Person continues to provide services to the Issuer through the vesting date.

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Schumaker Bryan Robert								
8501 NORTH SCOTTSDALE ROAD			Chief Financial Officer					
GAINEY CENTER II, SUITE 100			Cilici Filianciai Officei					
SCOTTSDALE, AZ 85253								

Signatures

/s/ Steven G. Fishbach, Attorney-in-Fact 3/13/2020

**Signature of Reporting Person

Date

- * 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.