

TPI COMPOSITES, INC Reported by GIOVACCHINI PAUL G

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/22/20 for the Period Ending 05/20/20

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

Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
GIOVACCHINI PAUL G (Last) (First) (Middle) 10 MILL POND LANE (Street)				3. I	TPI COMPOSITES, INC [TPIC] 3. Date of Earliest Transaction (MM/DD/YYYY) 5/20/2020 4. If Amendment, Date Original Filed (MM/DD/YYYY)							X Directo	X_ Director 10% Owner Officer (give title below) Other (specify below) 6. Individual or Joint/Group Filing (Check Applicable Line)				
SIMSBURY, CT 06070 (City) (State) (Zip)												_X _ Form file	X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table I -	Non-Der	ivat	ive Secu	ırities	Aco	quire	d, D	isposed o	of, or B	eneficially Ow	ned			
1. Title of Security (Instr. 3) 2. Trans. I						3. Trans. Code (Instr. 8)			4. Securities Acquir or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D)))	i. Amount of Securities Beneficially Owned Following Reported Transaction(s) Instr. 3 and 4)				7. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Tal	ble II - Der	ivative So	ecurities	Ben	eficially	Own	ed (e.g., j	puts,	calls, w	arrants	, options, conv	vertible sec	urities)		
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deeme Execution Date, if any	Code	Derivativ		e Securities (A) or of (D)		6. Date Exe Expiration I			Securitie	and Amount of es Underlying we Security and 4)		derivative Securities Beneficially Owned	Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	V	(A)	(D)		Date Exerci		Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Restricted Stock Units	<u>(1)</u>	5/20/2020		A		5574.00	0		(2	2)	(1)(2)	Comme Stock		\$0.00	5574.00	D	

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) All restricted stock units vest on the earlier of (i) the-one year anniversary of the Grant Date or (ii) the next Annual Meeting of Stockholders, subject to the Reporting Person continued service as a director of the Board with the Company through such date.

Reporting Owners

Penarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
GIOVACCHINI PAUL G								
10 MILL POND LANE	X							
SIMSBURY, CT 06070								

Signatures

/s/ Steven G. Fishbach, Attorney-in-Fact

**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.