FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response	0.5								

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

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* REILLY SEAN M							2. Issuer Name and Ticker or Trading Symbol FOSTER L B CO [ FSTR ]									k all app Direc	,		10% O	
(Last) (First) (Middle) L.B. FOSTER COMPANY							3. Date of Earliest Transaction (Month/Day/Year) 08/08/2024								V	below	below) Contr		below)	
415 HOLIDAY DRIVE, SUITE 100						4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) PITTSBU	et) TSBURGH PA 15220												▼ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)		(Stat	te) (Z	Zip)			Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				I - No							, Dis	-	-					I	1.	
Date				2. Transact Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			, 4 and Securitie Beneficie Owned F		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Price	,	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock			08/08/2024				Р		3	A	\$16	.15	23,546(1)(2)		]	D			
Common Stock 08					08/08/2	08/08/2024				P		617	A	\$16	.47	47 24,163(1)(		D		
Common Stock																734			I .	L.B. Foster Company 401(k) Plan Shares
			Tal	ble II -								osed of,				Owne	d			
1. Title of Derivative Security (Instr. 3)	itle of 2. 3. Transaction 3A. Deemed Execution Date urity or Exercise (Month/Day/Year) if any		emed tion Date,	4. Transactio				6. Date Exerc Expiration Day/N		isable and	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly [	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)		
						Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amoun or Numbe of Shares						

## **Explanation of Responses:**

- 1. Includes 2,130 Performance Restricted Stock Units earned under the 2022-2024 Long Term Incentive Plan granted on 02/17/2022; those 2,130 Performance Restricted Stock Units will settle at the end of the 2022-2024 performance period on December 31, 2024, upon certification by the Compensation Committee.
- 2. Includes 3,551 Performance Restricted Stock Units earned under the 2023-2025 Long Term Incentive Plan granted on 2/14/2023; those 3,551 Performance Restricted Stock Units will settle at the end of the performance period on December 31, 2025, upon certification by the Compensation Committee.

## Remarks:

Sean M. Reilly by Judith Balog, attorney-in-fact

08/12/2024

\*\* 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 Number.