# SEC Form 4

# FORM 4

(State)

(Zip)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL
OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

| obligations may continue. See<br>Instruction 1(b). |                                     |                       | Filed pursuant to Section 16(a) of the Securities Exchange Act of 19              | hou               | hours per response:                               |  |         |  |
|--|-------------------------------------|-----------------------|---|-------------------|---|--|---------|--|
|  |                                     |                       | or Section 30(h) of the Investment Company Act of 1940                            |                   |   |  |         |  |
| 1. Name and Ad<br>Brooks Ala                       | dress of Reporting<br>tina <u>K</u> | g Person <sup>*</sup> | 2. Issuer Name and Ticker or Trading Symbol <u>POWELL INDUSTRIES INC</u> [ POWL ] |                   | ationship of Repor<br>all applicable)<br>Director | Reporting Person(s) to Issu<br>ble)<br>10% Owr |         |  |
| (Last)   | (First)                             | (Middle)              | 3. Date of Earliest Transaction (Month/Day/Year)<br>02/14/2024                    |                   | Officer (give titl below)                         | e Other (s<br>below)                           | specify |  |
| 8550 MOSLE   | EY ROAD                             |                       | 4. If Amendment, Date of Original Filed (Month/Day/Year)                          | 6. Indiv<br>Line) | vidual or Joint/Group Filing (Check Applicabl     |  |         |  |
| (Street)   |                                     |                       |   | X                 | Form filed by One Reporting Person                |  |         |  |
| HOUSTON  | ТХ                                  | 77075                 |   |                   | Form filed by M<br>Person                         | lore than One Rep                              | orting  |  |
|  |                                     |                       |   |                   |   |  |         |  |

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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 3.<br>Transa<br>Code (<br>8) |   | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 and<br>5) |               |        | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|---------------------------------|--|---|------------------------------|---|---|---------------|--------|---|---|---|
|                                 |  |   | Code                         | v | Amount  | (A) or<br>(D) | Price  | Transaction(s)<br>(Instr. 3 and 4)  |   | (11150. 4)  |
| Common Stock                    | 02/14/2024                                 | 02/14/2024  | Α                            |   | <b>660</b> <sup>(1)</sup>   | Α             | \$0.01 | 3,060 <sup>(2)</sup>  | D   |   |

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

|   |   |  |   |                              |   |  |  | -                   |                    |             |  | -   |  |  |  |
|---|---|--|---|------------------------------|---|--|--|---------------------|--------------------|-------------|--|---|--|--|--|
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transa<br>Code (<br>8) |   | of<br>Deriv<br>Secu<br>Acqu<br>(A) of<br>Dispo<br>of (D)<br>(Instr | 5. Number<br>of Expiration D<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |                     | ate                | e Amount of |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |   | Code                         | v | (A)  | (D)  | Date<br>Exercisable | Expiration<br>Date | Title       | Amount<br>or<br>Number<br>of<br>Shares |   |  |  |  |

#### Explanation of Responses:

1. Represents shares of restricted stock that have been granted to the Reporting Person as compensation for serving on the Powell Industries Board of Directors under the Non-Employee Director Equity Incentive Plan. These shares vest on the earlier of the first anniversary from the date of the grant or the Company's 2025 Annual Stockholder Meeting.

2. Includes shares that have a time-based vesting provision.

### **Remarks:**

Michael W. Metcalf, Power of Attorney for Alaina K. Brooks

\*\* 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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

(City)