SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## OMB APPROVAL

3235-OMB Number: 0104

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** SECURITIES

Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Brooks Alaina K	2. Date of Event Requiring Statement (Month/Day/Year) 02/15/2023 3. Issuer Name and Ticker or Trading Symbol POWELL INDUSTRIES INC [ POWL ]						
(Last) (First) (Middle) 8550 MOSLEY ROAD	.2, 10, 2020	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) HOUSTON TX 77075		X Director Officer (give title below)	10% Ov Other (s below)		A Person		
(City) (State) (Zip)					Reporting I		
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. I)			4. Nature of Indirect Beneficial Dwnership (Instr. 5)		
Common Stock		0	D				
Table II - Derivative Securities Beneficially Owned   (e.g., puts, calls, warrants, options, convertible securities)							
Exp	Date Exercisable and piration Date onth/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversior or Exercise Price of	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Dat Explanation of Responses:	te Expiration ercisable Date	Title	Amount	Derivative Security		<i>s</i> ,	

## **Remarks:**

Michael W. Metcalf, Power of Attorney for Alaina K. Brooks \*\* Signature of Reporting Person

02/15/2023

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 5 (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.