FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1								
	OMB APPROVAL							
	OMB Number:	3235-0104						
	Estimated average burden							
	hours per response	e: 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

1. Name and Address of Reporting Person*  CURTIS KATHERYN BAUCOM  2. Date of Event Requiring Statement (Month/Day/Year) (02/19/2020				nent	3. Issuer Name and Ticker or Trading Symbol POWELL INDUSTRIES INC [ POWL ]							
(Last) 8550 MOSLE	(First)	(Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) HOUSTON	TX	77075				Officer (give title below)	Other (spe below)	ecify		icable Line) Form filed b	/Group Filing (Check  y One Reporting Person  y More than One	
(City)	(State)	(Zip)								rroporting r		
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						ınt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	3. Title and Amount of Securiti Underlying Derivative Security		ty (Instr. 4) Conve		ercise Fo	Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	ı Title	3	Amount or Number of Shares	Price Deriva Secur	ative	Direct (D) or Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

Remarks:

Michael W. Metcalf, Power of

Attorney for Katheryn B. 02/19/2020

**Curtis** 

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).