FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
vasimigion,	D.O.	20040	

STATEMENT	OF CHANGE	S IN BENEFICI	AL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
houre 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 ar Kelly F	Suer Name and Ticker or Trading Symbol FOSTER L B CO [FSTR] 3. Date of Earliest Transaction (Month/Day/Year)									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below)										
L.B. FOS	Fii STER COM LIDAY DRI	,	Middle)			02/17/2024 4. If Amendment, Date of Original Filed (Month/Day/Year)								EVP HR & Administration 6. Individual or Joint/Group Filing (Check Applicable						
(Street)	URGH PA	. 1	5220											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication								nt to a contract, instruction or written plan that is intended to							
	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.										Shaca to									
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	or E	Benefic	ially C	Own	ed				
Date			2. Transac Date (Month/Da	Execution Date,				es Acquired (A) or Of (D) (Instr. 3, 4 and		and Se Be Ov	5. Amount of Securities Beneficially Owned Following Reported		Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	v	Amount	(A) (D)	Price	Tra	ansac	tion(s) and 4)			(11150: 4)			
Common Stock 02/17/2				.024		F		800	D \$24		4	70,614(1)(2)		D						
Common Stock													531			I	L.B. Foster Company 401(k) Plan Shares			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transa Code (8)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is Bly	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. Includes 5,327 Performance Restricted Stock Units earned under the 2022-2024 Long Term Incentive Plan granted on 02/17/2022; those 5,327 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 8,522 Performance Restricted Stock Units earned under the 2023-2025 Long Term Incentive Plan granted on 2/14/2023; those 8,522 Performance Restricted Stock Units will settle at the end of the performance period on December 31, 2025, upon certification by the Compensation Committee.

Remarks:

/s/ Brian H. Kelly by Judith Balog, attorney-in-fact ** Signature of Reporting Person

02/21/2024 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.