FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
vasiliigton,	D.C.	20049	

STATEMENT	OF CHANGES	S IN BENEFICI	AL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
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* <u>Treacy William</u>						2. Issuer Name and Ticker or Trading Symbol FOSTER L B CO [FSTR]								5. Relationship of Reporting Perso (Check all applicable) Director Officer (give title				10% C	on(s) to Issuer 10% Owner Other (specify	
(Last)	(Fi	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/26/2024								X	below	<i>'</i>) ``	below) f Growth Office			
415 HOI	LIDAY DR.	, SUITE 100			4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							. Individual or Joint/Group Filing (Check Applicable ine)							
(Street)	U rgh P a	. 1	5220										X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (2	Zip)		Rul	Rule 10b5-1(c) Transaction Indication														
	Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ins																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date			2. Transac Date (Month/Da	Execution Date,					es Acquired (A) or Of (D) (Instr. 3, 4 and		nd S	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) o (D)	r Price	1	Transaction(s) (Instr. 3 and 4)				(111501.4)	
Common Stock 02/26/2			024		F		545	D	\$23	4 33,030(1)(2)		30(1)(2)	D							
Common Stock													7,000			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 Derivative Security (Instr. 3)	1. Title of 2. Security Conversion Security or Exercise (Month/Day/Year) 3A. Deemed Execution Date, If any Cod.			Transa Code (6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of vative urity tr. 5)		Ownersh Form: Direct (D or Indirect (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. Includes 3,621 Performance Restricted Stock Units earned under the 2022-2024 Long Term Incentive Plan granted on 02/17/2022; those 3,621 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 7,101 Performance Restricted Stock Units earned under the 2023-2025 Long Term Incentive Plan granted on 2/14/2023; those 7,101 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/ William Treacy by Judith Balog, attorney-in-fact

02/27/2024

** 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.