FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Name and Address of Reporting Person* Sisulak Jon J | | | | | 2. Issuer Name and Ticker or Trading Symbol DOUGLAS DYNAMICS, INC [PLOW] | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|---|--|---|-------|--|---------|--|---|---|------|--------------------|-------|--------------------|---|---|-----------------------|---|--|------------|--|
| (Last) | (First) | • | iddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2023 | | | | | | | | X | Officer (g below) | | Other (specify below) | | specify | | |
| C/O DOUGLAS DYNAMICS, INC. 11270 W. PARK PLACE, SUITE 300 | | | | | | | | | | | | | | 0 1 - 15 | Controller | | | | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | - 1 | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) MILWAUKEE | WI | 53 | 224 | | | | | | | | | | | Form file | d by More | than Oi | ne Reportin | g Person | | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | n-Der | ivativ | e Se | curitie | s Acqı | uired, | Disp | osed of, | or E | 3enefi | cially Ov | /ned | | | | | |
| Date | | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | | | | Form: | nership Direct (D) rect (I) 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | (Instr. 3 and 4) | | | | (111501.4) | |
| Common Stock 02/1. | | | | | | 15/2023 | | | A | | 840(1 | 1) | A | \$0 | 6,188 | | | D | | |
| Common Stock 02/1: | | | | | 15/2023 | | | | A | | 202(2) | | A | \$0 | 6,390 | | D | | | |
| 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | e Securities Ur | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Explanation of Re | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | | | | |

- $1.\ Includes\ 840\ shares\ that\ will\ vest\ in\ three\ annual\ installments\ beginning\ on\ March\ 6,\ 2024.$
- 2. Represents performance shares earned based on the achievement of performance targets for the period beginning January 1, 2020 and ending on December 31, 2022.

02/17/2023

** 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.