FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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	│ OMB APPROV

Wastington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0		

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>Mizell Gwendolyn G</u>				2. Issuer Name and Ticker or Trading Symbol GIBRALTAR INDUSTRIES, INC. [ ROCK ]								eck all applic  X Directo	10% O		)% Ow	ner	
(Last) (First) (Middle) 3556 LAKE SHORE ROAD P.O. BOX 2028				3. Date of Earliest Transaction (Month/Day/Year) 04/02/2021								Officer below)	(give title		ther (sp elow)	pecify	
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(City)			14219-0228 (Zip)										Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date		Date,	e, Transaction Dis Code (Instr.			ecurities Acquired (A) osed Of (D) (Instr. 3, 4		5. Amour Securities Beneficia Owned For	s Illy ollowing	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	t li ect E	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) c (D)	Price	Transacti (Instr. 3 a	on(s)			1150.4)		
	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)	ate   Execution Date, if any (Month/Day/Year)   Transaction Code (Instr. 8)   Acquii or Disj		5. Numbor Derivative Securities Acquired or Disport of (D) (In 3, 4 and	re es d (A) sed str.	Expiration Date (Month/Day/Year) of Securities Underlying Derivative Secu (Instr. 3 and 4)					8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	Own Form Direct or In (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	de V	(A)	(D)	Date Exercisab		expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(5)		
Restricted Stock Unit (MSPP Post-2012) (1)	(1)	04/02/2021		A		221.737		(2)		(2)	Common Stock	221.737	\$71.03	221.737	7	D	

## **Explanation of Responses:**

- 1. Represents restricted stock units allocated to the Reporting Person after 2012 with respect to the Reporting Person's deferral of a portion of his/her annual director retainer fee.
- 2. Restricted stock units are payable solely in cash in one lump sum payment or in five (5) or ten (10) consecutive, substantially equal annual installments, whichever distribution form is elected by the Reporting Person, beginning six (6) months following termination of service as a director of the Company. Each restricted stock unit is converted to cash in an amount equal to the fair market value (200 day rolling average) of one share of the Company's common stock on the date of termination of the Reporting Person's service as a director of the Company.

/s/ Jeffrey J. Watorek, Attorney-

in-Fact for Gwendolyn G.

04/16/2021

\*\* 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.