FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 20549 | |
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| wasiniyion, | D.C. | 20343 | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APF | PROVAL | | | | | | | | |
|--------------------------|--------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| 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

| Name and Address of Reporting Person* Barberio Mark G | | | | | | 2. Issuer Name and Ticker or Trading Symbol GIBRALTAR INDUSTRIES, INC. [ROCK] | | | | | | | | | ck all app Direc | tionship of Repo all applicable) Director Officer (give ti | | | | to Issuer % Owner her (specify | |
|---|---|--|----------------|--|----------------------------|---|-----------------------|----------------------------------|---|----------------------------------|--|---------------|---|---|-------------------------------|--|---|---|----------------------|--|--|
| (Last) (First) (Middle) 3556 LAKE SHORE RD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2020 | | | | | | | | | below) | | | | ler (specify low) | | |
| (Street) BUFFALO NY 14219 | | | | | 4. If a | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | |
| (City) | (St | | Zip) | | | | | | | | | | | | Perso | | | | | | |
| | | | I - N | on-Deriva | | | | Ac | | d, Di | - | - | | | | | <u> </u> | | | | |
| [| | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | · | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5) | | | and Securities Beneficial Owned Fo | | Form: (D) or ollowing (I) (Ins | | Direct Indirect Beneat Indirect Own | | ficial ership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction (Instr. 3 and | | | | | (Instr. 4 | | |
| Common Stock | | | | 05/14/2020 | | | | | P | | 2,700 | A | \$37.9 | .95 2,70 | | 00 | | I By Mai | | kapital, | |
| Common Stock | | | | | | | | | | | | | 4,570 | | 70 | 0 D | | | | | |
| Deferred Stock Units | | | | | | | | | | | | | 1,099 | | D | | | | | | |
| | | Tal | ble II | - Derivati (e.g., pເ | ve So | ecurit alls, v | ies <i>l</i> varra | Acqu ants | uired , opti | , Dis | posed of, convertil | or Be | neficia curitie | ally s) | Owned | t | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exec if any | Deemed ution Date, / th/Day/Year) | 4. Transa Code 8) | | of | ired r osed) : 3, 4 | Expi | Expiration Date (Month/Day/Year) | | | e and int of ities lying ative ity (Instr. 4) | De Se | rivative curity str. 5) | 9. Numb derivativ Securiti Benefic Owned Followin Reporte Transac (Instr. 4) | ve es ially ng d tion(s) | 10. Owners Form: Direct (or Indire (I) (Insti | hip D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | Code V (A) (D) | | | | cisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |

Explanation of Responses:

/s/ Jeffrey J. Watorek,

Attorney-in-Fact for Mark G. 05/18/2020

Barberio

** 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.