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 |
| \cup | 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* Wilson Thomas Hampton Jr. | | | | | 2. Issuer Name and Ticker or Trading Symbol NN INC NNBR | | | | | | | | | | ck all ap | plicable) | , | | |
|---|--|-----------------|--------|--|--|--|--|---|------------------------------|-------|--------------------------------------|--|---|--|---|--|-----|--|--|
| (Last) | ` | First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2023 | | | | | | | | | | Offic belov | er (give title w) | | Other (s | specify |
| 6210 ARDREY KELL ROAD | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | OTTE 1 | NC 2 | 28277 | | | | | | | | | | |) | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (| State) (| Zip) | | Rule | ule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | | 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. | | | | | | | | | | | | | |
| | | Table | I - No | on-Deriva | tive S | ecui | rities | Acc | uired, | Dis | posed of | f, or | Ben | eficia | lly Owi | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Execution [| | | ion Date, T | | | | es Acquired (A) Of (D) (Instr. 3, | | | 5. Ame Secur Benef Owne Follov | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Trans | Reported Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock 05/11/20 | | | | | 023 | | | | P | | 72,151 | A | . (| \$1.374 | 308,585 | | | 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) | rivative Conversion or Exercise (Month/Day/Year) Execution Date, if any | | | ution Date, | 4. Transaction Code (Instr. 8) | | Secu Acqu (A) o Disp of (D | vative urities uired or osed o) r. 3, 4 | 6. Date Expirat (Month | ion D | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | f DS | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y D | 0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nui of | ount mber ares | | | | | |

Explanation of Responses:

Remarks:

/s/ Richard F. Mattern by Power of Attorney

05/12/2023

** 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.