

# SECURITIES AND EXCHANGE COMMISSION

## FORM 3

Filing Date: **2005-12-19** | Period of Report: **2005-12-15**

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### REPORTING OWNER

**Esposito-Mayer Sharon**

CIK: **1335063**

Type: **3** | Act: **34** | File No.: **001-07234** | Film No.: **051272442**

Mailing Address

GENERAL PHYSICS  
CORPORATION  
6095 MARSHALEE DRIVE  
ELKRIDGE MD 21075

Business Address

410-379-3600

### ISSUER

**GP STRATEGIES CORP**

CIK: **70415** | IRS No.: **131926739** | State of Incorp.: **DE** | Fiscal Year End: **1231**

SIC: **8200** Educational services

Mailing Address

777 WESTCHESTER AVENUE  
FOURTH FLOOR  
WHITE PLAINS NY 10604

Business Address

777 WESTCHESTER AVENUE  
FOURTH FLOOR  
WHITE PLAINS NY 10604  
914-249-9700

**FORM 3****UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION**

Washington, D.C. 20549

**OMB APPROVAL**

OMB Number: 3235-0104  
 Expires: 02/28/2011  
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**INITIAL STATEMENT OF BENEFICIAL  
OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of  
 the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment  
 Company Act of 1940

1. Name and Address of Reporting Person * <u>Esposito-Mayer Sharon</u>  (Last) (First) (Middle)  GENERAL PHYSICS CORPORATION, 6095 MARSHALEE DRIVE - SUITE 300  (Street)  <u>ELKRIDGE, MD 21075</u>  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/ Year)  <u>12/15/2005</u>	3. Issuer Name and Ticker or Trading Symbol <u>GP STRATEGIES CORP [GPX]</u>  4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <u>V P &amp; Chief Financial Officer</u>  5. If Amendment, Date Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	25	D	
Common Stock	23,000 (1)	D	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/ Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Common Stock	07/01/1997	07/01/2007	Common Stock	2,000	\$6.47	D	
Common Stock	02/24/2000	02/24/2010	Common Stock	2,000	\$4.33	D	
Common Stock	02/01/2001	02/01/2011	Common Stock	120	\$3.85	D	
Common Stock	02/07/2002	02/07/2012	Common Stock	120	\$3.01	D	
Common Stock	12/10/2002	12/10/2012	Common Stock	120	\$3.93	D	
Common Stock	04/30/2002	04/30/2007	Common Stock	25,000	\$3.68	D	

**Explanation of Responses:**

1. The 23,000 shares of Restricted Stock were awarded pursuant to the term of The Company's 2003 Incentive Stock Plan and are subject to vesting.

**Signatures**

Lydia M. DeSantis for Sharon Esposito Meyer

\*\* Signature of Reporting Person

12/19/2005

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.**