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 OF SECURITIES

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* Rosenzweig Benjamin L			2. Issuer Name and Ticker or Trading Symbol SYNALLOY CORP [SYNL]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director				
Y ROAD, SUITE	3. Date of Earlies 12/31/2021	3. Date of Earliest Transaction (Month/Day/ Fear)			ow)	Other (specify	pelow)				
	4. If Amendment, Date Original Filed(Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(Zip)	Т	able I - No	n-De	rivative S	Securities	Acqui	red. Disne	osed of, or l	Reneficially	Owned	
2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if	3. Transaction Code (Instr. 8)				ired	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. 7 Ownership o	Beneficial
	(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	,		or Indirect (Instr. 4)	
12/31/2021		A		10,000	Δ	6.065	51,773			D	
Table II	- Derivative Securit	ies Acqui	the	form dis	splays a	curren	itly valid				
	<u> </u>	arrants, o	ption	s, conver	tible secu	rities)		ı	Г		
Execution I n/Day/Year) any	Date, if Transaction Code	of Derivative Securities Acquired	and (M	nd Expiration Date		Amo Unde Secur	unt of erlying rities	Derivative Security (Instr. 5)		Owners Form of Derivat Security Direct (Beneficia Ownersh (Instr. 4)
		(A) or Disposed of (D) (Instr. 3, 4, and 5)					Amount		Transaction	or Indir (I) (Instr. 4	
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Code V Amount (D) Price 12/31/2021 12/31/2021 A 10,000 A \$ 16.065 12/31/2021 A 10,000 A \$ 51,773 12/31/2021 Persons who respond to the collection of information in this form are not required to rest the form displays a currently valid OMB continued in this form are not required to rest the form displays a currently valid OMB continued in this form are not required to rest the form displays a currently valid OMB continued in this form are not required to rest the form displays a currently valid OMB continued in this form are not required to rest the form displays a currently valid OMB continued in this form are not required to rest the form displays a currently valid OMB continued in this form are not required to rest the form displays a currently valid OMB continued in this form are not required to rest the form displays a currently valid OMB continued in this form are not required to rest the form displays a currently valid OMB continued in this form are not required to rest the form displays a currently valid OMB continued in this form are not required to rest the form displays a currently valid OMB continued in this form are not required to rest the form displays a currently valid OMB continued in this form are not required to rest the form displays a currently valid OMB continued in this form are not required to rest the form displays a currently valid OMB continued in this form are not required to rest the form displays a currently	SYNALLOY CORP [SYNL] 3. 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	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Rosenzweig Benjamin L 79 WEST PACES FERRY ROAD SUITE 200 ATLANTA, GA 30305	X						

Signatures

Pauline A. Sumner, Power of Attorney for Benjamin Rosenzweig	01/04/2022
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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)
- (1) Performance shares vesting based on the 30-day trailing volume weighted average price per share of stock achieving \$14.50.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.