## 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

	Responses)														
1. Name and Address of Reporting Person * BRAAM RONALD H			2. Issuer Name and Ticker or Trading Symbol SYNALLOY CORP [synl]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
P O BOX	(Last) (First) (Middle) BOX 2788		3. Date of Earliest Transaction (Month/Day/Year) 05/20/2005							X Officer (give title below) Other (specify below)  President of Subsidiary					
CI EVELA	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	LEVELAND, TN 373202788 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu						es Acquii	uired, Disposed of, or Beneficially Owned				
1.Title of Sec (Instr. 3)	2. Transaction Date (Month/Day/Year		2A. Deemed Execution Date, it		(Instr. 8)		1			d 5. Amount of Securities			6. Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(World)/Day/	r car)	Code	V	Amount	(A) or (D)	Price	,		or Indirect (I) (Instr. 4)	(Instr. 4)	
Common S	Stock		05/20/2005			S		1,500	D	\$ 11.50	9,274			D	
Common S	Stock										7,484			I	By 401(k) Plan
Common S	Stock										1,164			I	Spouse's 401(k) Plan
Reminder: Re	eport on a sep	parate line for ea	ach class of securitie	s beneficially	owned	directly		•		nd 40 4b		a of inform	ation	SEC	1474 (0, 02)
Reminder: Re	eport on a sep	parate line for ea		s beneficially of			Perso conta form	ons who lined in display	this fo s a cur	rm are n rently va	alid OMB c	d to respo	nd unless t		1474 (9-02)
			Table II -	Derivative Se	ecuritie	es Acqui	Perso conta form o	ons who lined in display posed of converti	this fo s a cur f, or Be ble secu	rm are n rently va neficially prities)	ot required alid OMB c	d to respoi	nd unless t	10	, ,
	2. Conversion or Exercise Price of Derivative Security	3. Transaction	Table II -  3A. Deemed Execution Date	Derivative Se (e.g., puts, cal 4. t, if Transaction Code	5. Nu of De Sec Ac (A) Dis of (In	mber rivative urities quired or posed	Perso conta form of red, Dis options, of 6. Date I and Exp	ons who lined in display	this for s a cur f, or Bendle seculate ble Date	rm are n rently va neficially prities)	ot required alid OMB c  Owned  Ind Amount lying s s and 4)	8. Price of	nd unless t	f 10. Owners Form o Derivat Security Direct ( or Indir	11. Natu of Indire f Benefici Ownersl (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date ear)	Derivative Se (e.g., puts, cal 4. r, if Transactic Code ear) (Instr. 8)	5. Nu of De Sec Ac (A) Dis of (In	mber rivative urities quired or posed D) str. 3, nd 5)	Perso conta form of red, Dis options, of 6. Date I and Exp	ons who ined in display posed of converting Exercisa paration I/Day/Yes	this fo s a cur f, or Ber ble secuble Date ar)	rm are n rently va- neficially rities) 7. Title a of Under Securitie	ot required alid OMB c Owned  Ind Amount lying s	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	f 10. Owners Form o Derivat Security Direct ( or Indir	11. Natu of Indire f Benefici Ownersl (Instr. 4

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BRAAM RONALD H P O BOX 2788 CLEVELAND, TN 373202788			President of Subsidiary				

Signatures		
Cheryl C. Carter, Power of Attorney for Ronald H. Bra	aam	05/20/2003
**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) N/A

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.