UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
nours her resnonse	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

				Relat	ionsl	nips										
Report	ing Ow	vners														
Employee Stock Option (right to buy)	\$ 16.01	02/10/2015		A		562		(1)	02/10/2	2025	Common Stock	ⁿ 562.00	(2)	562	D	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	on	Title	Amount or Number of Shares				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date,	I - Derivative Securities Acquired, (e.g., puts, calls, warrants, option 4. 5. 6. Date, if Transaction Number Expira Code of (Mont		displa	osed of, on onvertible ercisable a Date	ently r Bene e secur	valid OME	d Amount ving ad 4)	8. Price of Derivative Security (Instr. 5) 8. Price of Derivative Securitie Securitie Owned Followin Reported Transacti	9. Number of Derivative Securities Beneficially	Ownersh Form of Derivativ Security: Direct (E or Indirect	(Instr. 4)		
Reminder: Re	eport on a sep	parate line for each	class of securities	beneficiall	y ow	ned di	rectly	Person	ns who re					tion contai	ned SEC 1	474 (9-02)
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if r) any (Month/Day/Year)		te, if	(Instr. 8)		A) or Disp Instr. 3, 4	or Disposed of (D) str. 3, 4 and 5)		Transaction(s) (Instr. 3 and 4)		d	Ownership of Form:	Beneficial Ownership	
SPARTAN (City)	BURG, S	C 29304 (State)	(Zip)			Т	able l	- Non-Der	ivative Sec	curitie				eficially Own		
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						_X_	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person					
(Last) (First) (Middle) PO BOX 5627, 775 SPARTAN BLVD, SUITE 102				3. Date of Earliest Transaction (Month/Day/Year) 02/10/2015							X Officer (give title below) Other (specify below) Corporate Controller					
Name and Address of Reporting Person * Blagg Amanda				2. Issuer Name and Ticker or Trading Symbol SYNALLOY CORP [SYNL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Blagg Amanda PO BOX 5627 775 SPARTAN BLVD, SUITE 102 SPARTANBURG, SC 29304			Corporate Controller				

Signatures

Amanda Blagg	02/12/2015
**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) Options vest in equal installments of 20% beginning one year from date of grant.
- (2) 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.