FORM 4	4
--------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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

(Print or Type Response	s)										
1. Name and Address of Reporting Person [*] J. Kyle Pennington			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		
PO BOX 1589	(First)		3. Date of Earliest Transaction (Month/Day/Year) 03/02/2016					X_Officer (give title below)Other (specify below)Othe			
BRISTOL, TN 376	(Street) 21		4. If Amendment, Date Original Filed(Month/Day/Year) 6. Individual or Joint/Group Filing(Check Agency Control of the second						ie)		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	(Instr. 8)	(A) or Disposed of (D)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
			(Wonth Day Tear)	Code	v	Amount	(A) or (D)	Price	(list. 5 and 4)	or Indirect (I) (Instr. 4)	-
Common Stock		03/02/2016		А		7,000	А	\$ 7.51	17,688	D	
Common Stock									5,675	Ι	401(k) Trust

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

				e.g., puts	s, ca	iis, wa	irran	ts, options, co	onvertible secu	(rities)		1			
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, if any (Month/Day/Year)	Code)	5. Num of Deriv Secur Acqui (A) o Dispo of (D (Instri 4, and	vative rities ired r osed) : 3,	Expiration Date (Month/Day/Year) Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (right to buy)	\$ 11.345							<u>(1)</u>	02/09/2022	Common Stock	3,914.00		3,914	D	
Employee Stock Option (right to buy)	\$ 16.01							(1)	02/10/2025	Common Stock	2,623.00		2,623	D	
Employee Stock Option (right to buy)	\$ 13.70							<u>(1)</u>	02/07/2023	Common Stock	4,051.00		4,051	D	

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			

J. Kyle Pennington PO BOX 1589 BRISTOL, TN 37621		President of subsidiary	
--	--	-------------------------	--

Signatures

Cheryl C. Carter, Power of Attorney for J. Kyle Pennington	03/02/2016
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.

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.

CONFIRMING STATEMENT

This Statement confirms that the undersigned has authorized and designated Cheryl C. Carter to apply for the proper Form ID, and thereafter execute and file on the undersigned's behalf all Forms

/s/ J. Kyle Pennington

Dated: September 28, 2009