FORM 4

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

OMB APPROVAL
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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

(Print or Type Responses) 1. Name and Address of Reporting Person *			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer						
Loughran Dennis M			SYNALLOY CORP [SYNL]						(Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 4510 COX ROAD, SUITE 201			3. Date of Earliest Transaction (Month/Day/Year) 05/05/2016						X Officer (give title below) Other (specify below) Sr. Vice President and CFO						
(Street)			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						
GLEN ALLEN, VA 23060										Form filed by More than One Reporting Person					
(City) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Disposed of, or Bene							Beneficially	Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	•	if Code (Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		f(D)	Beneficially Owned Following Reported Transaction(s) Own		Ownership Form:	Beneficial		
				(Month/Day/Yea		Code	V Ar	nount	(A) or (D)	Price	(Instr. 3 a	nd 4) Direct (D		or Indirect (I)	Ownership (Instr. 4)
Commor	Stock		05/05/2016			A	8,2	8,245	A \$	§ 3.05	33,345		Г	D	
Reminder:	Report on a s	separate line fo	r each class of secur	ities beneficially	owned		Persons	s who	respon			ction of inf	ormation		1474 (9-02)
Reminder:	Report on a s	separate line fo	Table II - 1	Derivative Secur	ities A	cquire	Persons contain the forn	s who ed in n disp	o respon this for plays a c	m are currer	not requ ntly valid	ired to res		ss	1474 (9-02)
			Table II - 1	Derivative Secur e.g., puts, calls, v	ities A	cquire	Persons contain the forn d, Dispo	s who ed in n disp osed of nverti	o respon this for plays a c f, or Bend ible secur	m are currer eficiall ities)	not requantly valid	ired to res	spond unle trol numbe	ss r.	, ,
1. Title of Derivative Security		3. Transaction	Table II - 1 (a) 3A. Deemed Execution Da any	Derivative Secur	5. Num of Deri Secu Acq (A)	acquire nts, optimber avative arrities uired or posed D) tr. 3,	Persons contain the forn	s who ed in n disp osed of nverti Exerci	this formula this	eficiallities) 7. Ti Amo Unde	not requ ntly valid	OMB conf	spond unle trol numbe	of 10. Owners Form of Derivati Security Direct (or Indire	11. Natur of Indire Beneficia Ownersh (Instr. 4)
1. Title of	2. Conversion or Exercise Price of Derivative	3. Transaction	Table II - 1 (a) 3A. Deemed Execution Da any	Derivative Secur e.g., puts, calls, v 4. te, if Transaction Code	5. Num of Deri Secu Acq (A) of (I (Inst	acquire nts, optimber avative arrities uired or posed D) tr. 3,	Persons contain the form d, Dispo tions, con 6. Date I and Exp	s who ed in n disp osed of nverti Exerci	this formula this	eficiallities) 7. Ti Amo Unde Secu (Insti	e not requently valid ly Owned ttle and ount of erlying urities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form of Derivati Security Direct (or Indirects)	nip of It Ben Ow: (Ins

D (1 0 V /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Loughran Dennis M 4510 COX ROAD SUITE 201 GLEN ALLEN, VA 23060			Sr. Vice President and CFO				

Signatures

Sarah M. Cunningham, Power of Attorney for Dennis M. Loughran	06/01/2016
**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)

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.

Power of Attorney Relating to Section 16 Reports

This Statement confirms that the undersigned has authorized and designated Cheryl C. Carter and Richard D. Sieradzki, and each of them, the true and lawful attorneys-in-fact and agents of the und

/s/ Dennis M. Loughran
Dennis M. Loughran

Dated: July 13, 2015