## 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

(Print or Ty	pe Response	s)																	
1. Name and Address of Reporting Person* Loughran Dennis M					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							
(Last) (First) (Middle) 4510 COX ROAD, SUITE 201				3	3. Date of Earliest Transaction (Month/Day/Year) 02/08/2017							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 Form filed by More than One Reporting Person						
	LLEN, VA		(7:-)																
(City	)	(State)	(Zip)			Ta	able I	- Non	-Deri	ivative S	Securities	Acqu	uire	d, Dispo	osed of, or I	Beneficially	Own	ed	
1.Title of S (Instr. 3)	ecurity		2. Transacti Date (Month/Day	y/Year) E			(Instr. 8)					of (D)	Beneficia Reported		nt of Securities ally Owned Following Transaction(s)		6. Owr Form	nership of	7. Nature of Indirect Beneficial
				(1)	(Month/Day/Year				(A) or		ъ.	(Instr. 3 a		and 4)		Direct (D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Common Stock			02/08/201	17			Code		V	8,095	٨	Price \$ 12.3	5	51,440		D		tr. 4)	
			Tab		erivative Se			quire	the fo	orm dis	splays a of, or Ben	curre reficia	entl	ly valid		spond unle rol numbe			
1 Title of	2	2 Transporting	- 24 D		g., puts, cal	ls, w	arrant 5.	ts, op						, and	Q Duina of	O. Niverskian	of 1	0	11. Natur
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/	Year) Execu	tion Date,	te, if Transaction Code Year) (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			Am Un Sec	7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y	Form of	of Indirect Beneficia Ownershi (Instr. 4)
					Code	V	(A) (D)		Date Exerc	Expiration Date		n Titl	Amount or Number of Shares						
Repor	ting O	wners																	

D 4 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	02/13/2017	
**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