FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 Respon	nses)													
1. Name and Addres 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						
PO BOX 5627, 7 SUITE 102	3. Date of Earliest Transaction (Month/Day/Year) 02/08/2017						X Officer (give title below) Other (specify below) Corporate Controller							
CD 4 DT 4 MD4 ID	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							
SPARTANBUR (City)	(State)	(Zip)												
, •	(State)											Beneficially		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Y)	e, if Co (In	(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)			Beneficia	nt of Securities ally Owned Following Transaction(s) and 4)		Ownership Form:	7. Nature of Indirect Beneficial Ownership
				(Code	V	Amoun	(A) or (D)	Price			or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock		02/08/2017			A		1,135	A	\$ 12.3	2,735			D	
Reminder: Report or	a sopulate mic to	Table II - 1	Derivative Secu	urities A	cquire	Perso conta the fo	ons whained in	no respon n this for splays a	rm are curre	not requesting ntly valid	OMB con	formation spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise (Month/Price of Derivative Security		n 3A. Deemed Execution Da any	4.	5. Num of Deri Secu Acqu (A) o Disp of (I (Inst	5. Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. T Ame Und Seco	itle and ount of lerlying urities tr. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (I or Indire	Beneficia Ownershi (Instr. 4)
			Code	V (A)	(D)	Date Exerc		Expiration Date	n Title	Amount or Number of Shares				
Reporting	Owners													

	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	02/15/2017
**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.