

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

OMB APPROVAL				
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nours per response				

#### INITIAL STATEMENT OF 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)								
Name and Address of Reporting Person *  Baroff Steven	2. Date of Event Requiring Statement (Month/Day/Year)  10/26/2017			3. Issuer Name and Ticker or Trading Symbol SYNALLOY CORP [SYNL]				
(Last) (First) (Middle) 4510 COX ROAD, SUITE 201			Issuer	f Reporting Person		5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) GLEN ALLEN, VA 23005			Director X Officer (give ti	X_ Officer (give title Other (specify		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)		y Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock	17,786			D				
Reminder: Report on a separate line for each class  Persons who respondinges the form disp	d to the col lays a curre	lection dentity vali	of infornid OMB	mation contained in control number.		·		
			·	ed (e.g., puts, calls, war			ľ	
		Expiration Date Securities U			Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable D	xpiration late	1 I I I E	amount or Number of hares	Security	(D) or Indirect (I) (Instr. 5)		
D (1 0								

#### **Reporting Owners**

Reporting Owner Name /	Relationships			
Address	Director	10% Owner	Officer	Other
Baroff Steven 4510 COX ROAD SUITE 201 GLEN ALLEN, VA 23005			President, Specialty Pipe	

## **Signatures**

Sarah M. Cunningham Power of Attorney for Steven Baroff		10/26/2017
-*Signature of Reporting Person		Date

### **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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.