FORM 4

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

OMB APPROVAL
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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

| 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 X Officer (give title below) Other (specify below) Sr. Vice President and CFO 6. Individual or Joint/Group Filing/Check Applicable Line) X Form filed by One Reporting Person | | | |
|--|--|---|---|--|--|--|---|---|--|--|---|
| (Last) (First) (Middle) 4510 COX ROAD, SUITE 201 (Street) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2019 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | |
| | | | | | | | | | | | |
| (Zip) | Ta | ible I - Noi | n-Der | ivative S | Securities . | Acqui | ired, Disp | osed of, or I | Beneficially (| Owned | |
| 2. Transaction Date (Month/Day/Year) | any | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | Following (s) | Ownership | 7. Nature of Indirect Beneficial |
| | (Month/Day/Year) | | V | Amount | (A) or (D) | Drica | (Instr. 3 a | and 4) | | or Indirect (I) | Ownership (Instr. 4) |
| 02/22/2019 | | F | V | 512 | D \$ | | 71,393 | | | , , | |
| | | ies Acquir | ed, Di | isposed o | of, or Bene | eficial | · | | aror mumber | | |
| 2. 3. Transaction 3A. Deemed Conversion Date Execution Date Execution Date any | | 4. 5. Number and Code of (M. | | Date Exercisable 7. The Expiration Date An Un Section 1. The Expiration Date In the Expiration Date In the Expiration Date In the Exercisable In t | | 7. Ti Amo Undo Secu (Inst | ount of erlying Security (Instr. 5) | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownersh Form of Derivativ Security: Direct (I or Indirect | Beneficia Ownersh (Instr. 4) |
| | | | Date | cisable | Expiration | Title | Amount or Number of | | | | |
| 1 | (Middle) E 201 (Zip) 2. Transaction Date (Month/Day/Year) 02/22/2019 line for each class of secur Table II - saction JAD. Deemed Execution Data any | SYNALLOY O (Middle) 3. Date of Earliest O2/22/2019 4. If Amendment, 2. Transaction Date (Month/Day/Year) 02/22/2019 2. Transaction Date, if any (Month/Day/Year) 10/2/22/2019 Code (Instr. 8) | SYNALLOY CORP [S 3. Date of Earliest Transaction 02/22/2019 4. If Amendment, Date Origin 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date, if (Instr. 8) Code 1. Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, open of (Instr. 8) Table II - Derivative Securities Acquire (e.g., puts, calls, warrants, open of (Instr. 8) Saction SA. Deemed Execution Date, if (Month/Day/Year) Saction SA. 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Form filed by One Reporting Person Form filed by More than One Reporting Person Form form filed by More than One Reporting Person Form form filed by More than One Reporting Person Form form form filed by More than One Reporting Person Form form form filed by More than One Reporting Person Form form form filed by More than One Reporting Person Form form form filed by More than One Reporting Person Form form form filed by More than One Reporting Person Form form form filed by More than One Reporting Person Form form form filed by More than One Reporting Person Form form form filed by More than One Reporting Person Form form form form filed by More than One Reporting Person Form form form form filed by More than One Reporting Person Form form form form form form form form f |

| D (1 0 V / | Relationships | | | | | | |
|---|-------------------------------|--|----------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director 10% Owner Officer | | 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 | | 03/12/2019 |
|---|--|------------|
| **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.

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