

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

OMB APPROVAL					
OMB Number:	3235-0104				
Estimated averag	e burden se 0.5				
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 Respo	onses)						-					
1. Name and Address of Reporting Person * Roberson Maria Haughton		2. Date of Event Requiring Statement (Month/Day/Year) 03/21/2019		3. Issuer Name and Ticker or Trading Symbol SYNALLOY CORP [SYNL]								
129 HONEYCU	(First) JTT ROAD	(Middle)					4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
TROUTMAN, I	(Street) NC 28166						Director Officer (give title below)	all applicable)  =10% Owne eX Other (spe below)  ident, ASTI	Applicable _X_Form f	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						Owned		
(Instr. 4) Bene			eneficially Owned For (I) (I) (I)			4. Nature of Indirect Beneficial Ownership (Instr. 5)						
Common Stock			2,	2,000			D					
Reminder: Report o					•		etly or indirectly.	his form are no	ot required to re	SEC 1473 (7-02)		
unless the form displays a currently valid OMB control number.  Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
(Instr. 4)		an	nd Expiration Date  Ionth/Day/Year)		3. Title and Amount of Securities Underlying Deri Security (Instr. 4)			Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			ate cercisable	Expiration Date	Title Amount		nt or Number of	Security	(D) or Indirect (I) (Instr. 5)			

### **Reporting Owners**

Panarting Owner Name /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Roberson Maria Haughton 129 HONEYCUTT ROAD TROUTMAN, NC 28166				President, ASTI		

## **Signatures**

Sally M. Cunningham, Power of Attorney for Maria Haughton Roberson	03/21/2019
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.