

(Print or Type Responses)

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

OMB APPRO	OVAL
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nours per response	e 0.5

#### 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

3. Issuer Name and Ticker or Trading Symbol

2. Date of Event Requiring

1. Name and Address of Reporting Person*  KACZKA JEFFREY	1 0			. Issuer Name and Ticker or Trading Symbol SYNALLOY CORP [SYNL]					
(Last) (First) (Middle) 4510 COX ROAD, SUITE 201	4. Relationship of Issuer			nip of Reporting Person(s) to		5. If Amendment, Date Original Filed(Month/Day/Year)			
RICHMOND, VA 23060					ify Applicable I _X_ Form fi	5. 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)	В	•			. Nature of Indirect Beneficial Ownership Instr. 5)				
Common Stock	nmon Stock 2,290.185		D						
Common Stock	13,174		I	IRA					
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  Persons who respond to the collection of information contained in this form are not required to respond 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)	2. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Expiration Date	Security (Instr. 4)	nderlying Derivative	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)			

## **Reporting Owners**

Panarting Owner Name	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
KACZKA JEFFREY 4510 COX ROAD SUITE 201 RICHMOND, VA 23060	X				

### **Signatures**

Sally M. Cunningham, Power of Attorney for Jeffrey Kazcka		05/30/2019
**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.