FORM 4

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

OMB APPROVAL
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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 Ty	pe Response	s)												
1. Name and Address of Reporting Person* KACZKA JEFFREY			2. Issuer Name and Ticker or Trading Symbol SYNALLOY CORP [SYNL]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) 4510 COX ROAD, SUITE 201			3. Date of Earliest Transaction (Month/Day/Year) 07/09/2019						Office	r (give title belo	ow)	Other (specify	pelow)	
(Street) RICHMOND, VA 23060				4. If Amendment, Date Original Filed(Month/Day/Year)					ır)	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 Acquired, Disposed of, or Beneficially Owned						Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		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)			Ownership Form:	Beneficial
				(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Commor	n Stock		07/09/2019		A		2,617	A	\$ 19.105	4,907.1	85		D	
Commor	n Stock									13,174			I	IRA
			Table II	- Derivative Securit	_	con the ed, Γ	tained in form dis	n this i splays	form are a currer	not requesting noting valid		ormation spond unle rol numbe	ess	1474 (9-02)
1. Title of Derivative Security		3. Transacti		(e.g., puts, calls, w	_									

Reporting Owners

D (O N /	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	07/10/2019
**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.

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.