FORM 4

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

OMB APPRO	JVAL
OMB Number:	3235-0287
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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

	e Responses)																
Name and Address of Reporting Person * Roberson Maria Haughton				2. Issuer Name and Ticker or Trading Symbol SYNALLOY CORP [SYNL]								5.	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) President, ASTI				
(Last) (First) (Middle) 129 HONEYCUTT ROAD				3. Date of Earliest Transaction (Month/Day/Year) 09/11/2020							r)						
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							ear)		6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
TROUTMAN, NC 28166 (City) (State) (Zip)																	
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu													
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/			2A. Deemed Execution Date, in		ate, if	(Instr. 8)		4. Securities Acqui(A) or Disposed of (Instr. 3, 4 and 5)		of (D) Owned Follow Transaction(s))		6. Ownership Form:	7. Nature of Indirect Beneficial		
				(Month/Day/Year		/Year)	Co	ode	V	Amount (D)		`	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common S	Stock		09/11/2020					P			A	\$	6,808			D	
Reminder: R	eport on a sep	parate line for each	out of securities of		<i>y</i> 0			in t	this	s who r	e not r	equired t	collection o to respond (I number.				1474 (9-02)
Reminder: R	eport on a seg	parate fine for each			,			in t	this	s who r	e not r	equired t	to respond ı				1474 (9-02)
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivativ (e.g., put: 4. Transac Code	ve Se s, cal	5. Numb of Deriv Secur Acqu (A) o	ber vative rities ired r	in t a c quired, l s, option	this curre Dispens, co	os who reform are ntly values of, on the convertible cisable are	e not r id OMI or Bend le secur	required to B control eficially Orities) 7. Title and	to respond to number. with with the wind discount of g Securities	unless the	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form o Derivat Security Direct (or Indir	11. Nat hip of Indir f Benefic ive Owners /: (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivativ (e.g., put: 4. Transac Code	ve Se s, cal	5. Numb of Deriv Secur	ber vative rities ired r osed)	quired, los, option 6. Date Expirati	this curre Dispens, co	os who reform are ntly values of, on the convertible cisable are	e not r id OMI or Bend le secur	required to B control efficially Orities) 7. Title and Underlying	to respond to number. with with the wind discount of g Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	of 10. Owners Form o Derivat Security Direct (or Indir	11. Nat hip of Indir Benefic ive Owners (Instr. 4
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Reporting Owners

D C N	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	n	09/14/2020
-*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).
- (1) Options vest in equal installments of 33% beginning one year from date of grant.

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.