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 * Schauerman John P. | | | 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) 6488 E. GAINSBOROUGH ROAD | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2020 | | | | | | Office | r (give title belo | w) | Other (specify b | elow) | | | |
| (Street) | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| | SDALE, A | (State) | (Zip) | | | | | | | | | | | | | |
| (City |) | (State) | (Zip) | | Ta | ble I - | Non- | -Deri | vative S | Securities | s Acqu | ired, Disp | osed of, or I | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | Date, if | (Instr. 8) | | (A) or Disposed of | | of (D) | Beneficia Reported | nt of Securities Ily Owned Following Transaction(s) | | Ownership Form: | Beneficial | |
| | | | | (Month/Day/Year | | Co | de | V | Amour | (A) or | Price | (Instr. 3 a | 0 (1 | | \ / | Ownership (Instr. 4) |
| Common | Stock | | 12/18/2020 | | | A | \ | | 6,378 | | \$ 7.99 | 42,978 | | | D | |
| | | | | Derivative S | | | t quire | he fo | orm dis | splays a of, or Ber | curre neficial | ntly valid | OMB conf | spond unle rol numbe | | |
| Security | 2. Conversion or Exercise Price of Derivative | (Month/Day/Y | 3A. Deemed Execution Da | 4. Transaction Code Year) (Instr. 8) | action 8) | 5. | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. T Ame Und Seco | itle and ount of lerlying urities tr. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersh Form of Derivativ Security Direct (I | Beneficial Ownershij (Instr. 4) | |
| | Security | | | | | Dispos of (D) (Instr. | sed 3, | | | | | | | Transaction | or Indire (I) (Instr. 4) | ct |

Reporting Owners

| | Relationships | | | | | |
|-------------------------------------------------------------------------|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Schauerman John P. 6488 E. GAINSBOROUGH ROAD SCOTTSDALE, AZ 85251 | X | | | | | |

Signatures

| Sally M. Cunningham, Power of Attorney for John P. Schauerman | 12/18/2020 |
|---------------------------------------------------------------|------------|
| **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).

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.