### FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response... 0.5

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 Typ										-	n 1				
1. Name and Address of Reporting Person * LANE JAMES G JR			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	i)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/28/2005			-	Officer (g	give title below)	Ot	her (specify be	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						
(City	(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui						ies Acquire	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if any (Month/Day/Year)		(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) (Instr. 3 and 4)		llowing	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
						Code	V	Amount	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		04/28/2005			A	2	2,195	A	\$ 11.39	170,621			D	
Common	Stock									2	26,984			ĺ	IRA
Common Stock								1	173,750			I	Spouse (1)		
		separate line for e	ach class of securitie	es beneficial	ly owne	d directly	Perso	ns who				n of inforr	mation		2 1474 (9-02)
		separate line for e	Table II -	Derivative	Securiti	ies Acqui	Perso contai form o	ons who ined in displays	this fo s a cu f, or Be	orm are no rrently va	ot require lid OMB o		nd unless t		1474 (9-02)
Reminder: I	Report on a s	3. Transaction	Table II -	Derivative (e.g., puts, o 4. Transact Code	Securiticalls, was securition of the security	ies Acqui nrrants, o mber a crivative curities quired or	Perso contai form o	ons who ined in displays posed of converti exercisab ration Da	this for s a cu  f, or Be ble secole ate	orm are no rrently va	ot require lid OMB of Owned d Amount ring	d to respo	ond unless tember.  9. Number o	f 10. Owners Form o Derivat Security Direct ( or Indir	11. Natu of Indire Benefici Ownersl (Instr. 4)
Reminder: I	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date, any	Derivative (e.g., puts, o 4. Transact Code	Securiticalls, was securition of the security	mber damber damb	Perso contai form of red, Disp options, of 5. Date E	posed of convertice co	this for a cu f, or Be ble sec ble ate r)	eneficially (urities) 7. Title and of Underly Securities	ot require lid OMB of Owned d Amount ring	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(	f 10. Owners Form o Derivat Security Direct ( or Indir	11. Natu of Indire Benefici ownersl (Instr. 4

#### Reporting Owners

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
LANE JAMES G JR	X				

#### **Signatures**

Cheryl C. Carter, Power of Attorney for James G. Lane, Jr.	05/2

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) I expressly disclaim beneficial ownership of these securities and filing this report shall not be construed as an admission of my beneficial ownership thereof for purposes of Section 16 of the Securities Act, or otherwise.
- (2) N/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.