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

OMB APPRO	√AL
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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

1. Name and Address of Reporting Person* BOWIE GREGORY M				2. Issuer Name and Ticker or Trading Symbol SYNALLOY CORP [synl]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 02/09/2007							ĺ	X Officer (give title below) Other (specify below) Vice President, Finance				
(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	<i>i</i> )	(State)	(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Ow								ned			
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.	saction 8)	(A) or Disposed		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Cod	e V	Amount	(A) or (D)				(I) (Instr. 4)	(Ilisti. 4)	
Common	Stock		02/09/2007				F		4,897	D	\$ 23.16	5 3 5 3			D	
Common	Stock		02/09/2007				M		7,500	A	\$ 15.125	12,853			D	
Common	Stock											9,100			I	IRA
Common	Stock											9,131			I	401(k) Trust
Reminder: 1	Report on a s	separate line for eac	h class of securities  Table II -	Derivati	ve Se	curi	ties Acq	Personta conta form	ons who ained in display	this fo s a cur f, or Ber	rm are n rently va	e collection not required alid OMB co	to respon	d unless th		1474 (9-02)
1. Title of	2. Conversion	3. Transaction	Table II -  3A. Deemed Execution Date, if	Derivati (e.g., put 4. Transac Code	ve Se s, cal tion	curi lls, w 5. No of Deri Secu Acqu (A) o Disp	ties Acquarrants umber vative urities uired or oosed O) r. 3, 4,	Personta conta form	ons who ained in display sposed of converti xercisabl n Date	this for s a cur f, or Ber ible secure	rm are n rently va neficially prities)	oot required alid OMB co Owned and Amount erlying ies	to respondentrol num	d unless th	of 10. Owner: Form of Deriva: Securit Direct or India	11. Nat of India 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	Derivati (e.g., put 4. Transac Code	ve Se s, cal	curi ls, w 5. N of Deri Secu Acqu (A) o Oisp of (I	ties Acquarrants umber vative urities uired or oosed O) r. 3, 4, 5)	Persoconta form uired, Di , options, 6. Date E Expiratio	ons who ained in display sposed of converti xercisable n Date Day/Year	this for s a cur f, or Ber ible secu e and	rm are n rently va- neficially arities)  7. Title of Unde Securiti	oot required alid OMB co Owned and Amount erlying ies	8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owner: Form of Deriva Securit Direct or India	Owners (y: (D) rect

David or O and Name /	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BOWIE GREGORY M			Vice President, Finance				

## **Signatures**

Cheryl C. Carter, Power of Attorney for Gregory M. Bowie	02/09/2007
**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) Exercisable at 20% per year beginning 4/30/1998; 100% exercisable on 4/30/2003.

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.