<b>FORM</b>	4
-------------	---

Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

(Drint or Type De

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

#### 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 CARTER CHERYL	2. Issuer Name and SYNALLOY CO			ng Symbo	l	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
PO BOX 5627	(First)		3. Date of Earliest Transaction (Month/Day/Year) 02/19/2013						X  Officer (give title below)  Other (specify below)    Corporate Secretary			
SPARTANBURG, S	(Street) SC 29304		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)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Dispo						ired, Disposed of, or Beneficially Own	d, Disposed of, or Beneficially Owned		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, if	(Instr. 8) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership				
Common Stock		02/19/2013		М		5,000	А	\$ 9.96	26,590	D		
Common Stock		02/19/2013		F		1,752	D	\$ 14.21	24,838	D		
Common Stock									7,652	Ι	401(k) Trust	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4. 5. Number		6. Date Exercisable and		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of Expiration		Expiration Dat	te of Underlying		ıg	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Deri	ivative			Securities Security		Security	Securities	Form of	Beneficial
(	Price of		(Month/Day/Year)	(Instr. 8)	)		urities			(Instr. 3 and 4) (Instr.		(Instr. 5)	-	Derivative	Ownership
	Derivative						uired								(Instr. 4)
	Security					(A)								Direct (D)	
							posed					-	or Indirect		
						of (l					Transaction(s)				
						and	tr. 3, 4,					(Instr. 4)	(Instr. 4)		
						anu	3)	-			1				
											Amount				
								Date	Expiration		or				
								Exercisable	Date	Title	Number				
				Code	v	(A)	(D)				of Shares				
				Code	v	(A)	(D)	-	-		Shares				
Employee															
Stock										a					
Option	\$ 9.96	02/19/2013		М			5 000	02/03/2010	02/03/2015	Common	5,000	\$ 0	5,000	D	
(right to	φ 9.90	02/19/2015		101			2,000	02/03/2010	02/03/2013	Stock	5,000	Ψΰ	5,000	D	
buy)															

# **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
CARTER CHERYL C PO BOX 5627 SPARTANBURG, SC 29304			Corporate Secretary					

### Signatures

Cheryl C. Carter	02/20/2013
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.