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 Type Responses) 1. Name and Address of Reporting Person * MATERA RALPH				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)				3. Date of Earliest Transaction (Month/Day/Year) 05/16/2005							X_Officer (give title below) Other (specify below) CEO & President						
(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 PersonForm filed by More than One Reporting Person							
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						es Acqui	nired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year					Date, if	(Instr. 8)		4. Securities Acquired (A) or Disposed of (I) (Instr. 3, 4 and 5)		of (D))		Ownership Form:	Beneficial	
			(Montr	onth/Day/Year)		Cod	e V	Amoun	(A) or (D)	Price	(Instr	. 3 and 4)			Direct (D) Owner or Indirect (Instr. (I) (Instr. 4)		
Common	Common Stock 05/16/2005		05/16/2005				F		17,706	5 D	\$ 11.295	79,4	45			D	
Common	Stock		05/16/2005				M		32,732	2 A	\$ 6.11	112,	177			D	
Common Stock									2,709		I	ī	By 401(k)				
Damindar	Papart on a c	conorata lina for anak	aloss of socurities h	anafiaia	lly ov	wnod d	iroatly o	er indirectly	7			2,70					Plan
Reminder:	Report on a s	separate line for each		- Deriva	ative S	Securit	ties Acq	Perso in thi a cur uired, Dis	ons who s form rently v	are not i alid OM f, or Ben	required B contro eficially	e colle I to re ol nur	ection of espond u		on contain		
1. Title of		3. Transaction Date	Table II	- Deriva (e.g., pt 4. Transac Code	ative Suts, c	Securit alls, w 5. Nun of Der Securi	ties Acq arrants nber ivative ties red (A) posed	Perso in this a cur uired, Dis , options, 6. Date Ex	posed o convert ercisabl Date	are not i valid OM f, or Ben ible secur e and	required B control eficially rities) 7. Titl of Uno	e colled to recol nur Owned	ection of spond umber. d	inless the	form displa	of 10. Owners Form or Derivat Security Direct (or Indir	111. Natural of Indire Senefic Ver 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	- Deriva (e.g., pt 4. Transac Code	utive Suts, c	Securite alls, we securite Acquire of (D) (Instr.	ties Acq arrants nber ivative ties red (A) posed 3, 4,	Perso in this a cur uired, Dis , options, 6. Date Ex Expiration	ons whose form rently vocation of the converting	are not ralid OM f, or Ben tible secur e and	required B control eficially rities) 7. Titl of Uno	e colle 1 to recol nur Owned le and A derlyin ities 3 and	ection of spond umber. d	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Owners Form or Derivat Security Direct (or Indir	111. Natural of Indire Benefic Owners: (Instr. 4

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
MATERA RALPH	X		CEO & President				

Signatures

Cheryl C. Carter, Power of Attorney for Ralph Matera	05/18/2005
**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.