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

| (Print or Type Response | s) | | r | | | | | | | | |
|--|--|------------|--|------------|---|--|---|--------------|--|--|-------------------------|
| 1. Name and Address of Reporting Person [*] Boling Michael D | | | 2. Issuer Name and Ticker or Trading Symbol SYNALLOY CORP [synl] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | |
| PO BOX 1589 | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2007 | | | X Officer (give title below) Other (specify below) President of subsidiary | | | | | |
| BRISTOL, TN 376 | (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) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | | (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form: | Beneficial |
| | | (Month/D | (Month/Day/Year) | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | Direct (D) or Indirect ((I) (Instr. 4) | Ownership (Instr. 4) |
| Common Stock | | 02/12/2007 | | F | | 6,564 | D | \$ 24.27 | 35,511 | D | |
| Common Stock | | 02/12/2007 | | М | | 5,000 | А | \$ 15.125 | 40,511 | D | |
| Common Stock | | 02/12/2007 | | М | | 6,000 | А | \$ 7.75 | 46,511 | D | |
| Common Stock | | 02/12/2007 | | М | | 8,000 | А | \$ 4.65 | 54,511 | D | |
| Common Stock | | | | | | | | | 9,710 | I | By 401(k) Trustee |

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 in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

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

| of 10. 11. Na Ownership of Ind Form of Benef Derivative Owne Security: (Instr. Direct (D) or Indirect (| neficial nership |
|---|---------------------|
| y Form of Benef Ourivative Owne Security: (Instr. Direct (D) or Indirect | neficial nership |
| y Derivative Owne Security: (Instr. Direct (D) or Indirect | nership |
| Security: (Instr. Direct (D) or Indirect | • |
| or Indirect | |
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| | |
| (Instr. 4) | |
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Reporting Owners

Reporting Owner Name /

Relationships

| Address | Director | 10% Owner | Officer | Other |
|--|----------|--------------|-------------------------|-------|
| Boling Michael D PO BOX 1589 BRISTOL, TN 37621 | | | President of subsidiary | |

Signatures

| Cheryl C. Carter, Power of Attorney for Michael D. Boling | 02/13/2007 |
|---|------------|
| **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) Options became exercisable at 20% per year beginning 4/30/1998. Options were fully exercisable on 4/30/2002
- (2) Options expire 4/30/2007
- (3) Options became exercisable at 20% per year beginning 4/29/2000. Options were fully exercisable on 4/29 2004.
- (4) Options expire 4/29/2009.
- (5) Exercisable at 100% on 12/20/2005.

(6) Options expire 4/25/2012.

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.