

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

OMB APPROVAL						
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Estimated average burden						
nours per response	e 0.5					

#### INITIAL STATEMENT OF 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 Respon	nses)										
Name and Address of Reporting Person * Hrebenar Kevin R		Cison	2. Date of Event Requiring Statement (Month/Day/Year) 02/09/2012		3. Issuer Name and Ticker or Trading Symbol SYNALLOY CORP [synl]						
442 BELLFOUN	(First) NTE ROAD	(Middle)					4. Relationship of Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)	
CLEVELAND,	(Street)  TN 37312						Director X Officer (give tit below)	all applicable)  10% Owner  Other (specification)  of subsidiary	cify Applicable 1  X Form f	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)				able I	I - Non-Derivative Securities Beneficially Owned				
1.Title of Security (Instr. 4)			2. Amount of Sec Beneficially Own (Instr. 4)			ally Ow	ned		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock			5.	550			D				
Reminder: Report or	Persons unless th	who respond ne form displa	to the c ys a cur	ollection rently va	of info	ormatic IB cont	on contained in t				
1. Title of Derivative (Instr. 4)	e Security	and	Date Exer Expiration th/Day/Year	on Date	3. Title and A Securities Un- Security (Instr. 4)		Amount of nderlying Derivativ	Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Da Ex		ercisable	Expiration Date	Title	Amour Shares	nt or Number of	Security	(D) or Indirect (I) (Instr. 5)		

### **Reporting Owners**

Departing Owner Name /		Relationships				
Address	Reporting Owner Name / Address		10% Owner	Officer	Other	
Hrebenar Kevin R 442 BELLFOUNTE R CLEVELAND, TN 37	_			VP of subsidiary		

# **Signatures**

Kevin R. Hrebenar	02/10/2012
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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.