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| BRAM CRA Form 4 | IG C | | | | | | | | | | |
|---|--|---|---|------------|--------|--|--|--|------------------------|--|--|
| December 17 | 7, 2018 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | OMB APPROVAL | | |
| | UNITEDSTR | | RITIES A shington, | | | NGE C | COMMISSION | OMB Number: | 3235-0287 | | |
| Check the if no long | | | | | | | Expires: | January 31, 2005 | | | |
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimated ave burden hours response Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 (b). | | | | | | | iverage | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| 1. Name and A BRAM CRA | Symbol | 2. Issuer Name and Ticker or Trading Symbol SYNALLOY CORP [SYNL] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | | | - | NL] | | (Check all applicable) | | | | | |
| 4510 COX I | (Month/I | 3. Date of Earliest Transaction (Month/Day/Year) 12/10/2018 | | | | X Director 10% Owner X Officer (give title Other (specify below) 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 Person Form filed by More than One Reporting | | | | |
| GLEN ALL | EN, VA 23060 | | | | | | Person | lore than One Re | porung | | |
| (City) | (State) (Zip) | Tab | le I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date 2A (Month/Day/Year) Ex any (M | ecution Date, if | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | ispose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | | |
| Common Stock | 12/10/2018 | | Р | 2,500 | A | \$ 15.51 | 228,941 | D | | | |
| Common Stock | 12/13/2018 | | А | 1,000 | А | \$ 15.59 | 229,941 | D | | | |
| Common Stock | 12/10/2018 | | А | 1,000 | А | \$ 15.48 | 29,763 | I | Spouse | | |
| Common Stock | | | | | | | 14,409 | Ι | IRA | | |
| Common Stock | | | | | | | 3,150 | Ι | 401(k) Trust | | |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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. Conversion | 3. Transaction Date | | 4. Transacti | 5. | 6. Date Exercisable and | | 7. Title and Amount of | | |
|--|---|---------------------|---|-----------------------------------|--|-------------------------|--------------------|---|--|--------------------------|
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | | Underlying Securities (Instr. 3 and 4) | | Deriv Secui (Instr |
| | | | | | 4, and 5) | | | | | |
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Employee Stock Option (right to buy) | \$ 16.01 | | | | | <u>(1)</u> | 02/10/2025 | Common Stock | 2,030 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|------------|---------|----------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| BRAM CRAIG C 4510 COX ROAD, SUITE 201 GLEN ALLEN, VA 23060 | Х | | CEO & P | resident | | | | |
| Signatures | | | | | | | | |
| Sally M. Cunningham, Power of Bram | | 12/17/2018 | | | | | | |
| **Signature of Reporting | | 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 vest in equal installments of 20% beginning one year from date of grant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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