

WRIGHT MURRAY H
Form 5
January 07, 2003

FORM 5

UNITED STATES SECURITIES AND
EXCHANGE COMMISSION
Washington, DC 20549

OMB
APPROVAL
OMB Number:
3235-0362
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January 31,
2005

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

ANNUAL STATEMENT OF CHANGES
IN BENEFICIAL OWNERSHIP

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(f) of the Investment Company Act of 194

Estimated average burden hours per response...1.0

£ Form 3 Holdings Reported

0

£ Form 4 Transactions Reported

1. Name and Address of Reporting Person*		2. Issuer Name and Ticker or Trading Symbol		6. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Wright Murray H.		Synalloy Corporation SYNC		<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Director</td> <td><input type="checkbox"/></td> <td>10% Own</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Officer (give title below)</td> <td><input type="checkbox"/></td> <td>Other (specify below)</td> </tr> </table>			<input checked="" type="checkbox"/>	Director	<input type="checkbox"/>	10% Own	<input type="checkbox"/>	Officer (give title below)	<input type="checkbox"/>	Other (specify below)
<input checked="" type="checkbox"/>	Director	<input type="checkbox"/>	10% Own											
<input type="checkbox"/>	Officer (give title below)	<input type="checkbox"/>	Other (specify below)											
(Last) (First) (Middle)	3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)	4. Statement for Month/Year		7. Individual or Joint/Group Filing (Check Applicable Line)										
411 East Franklin Street, 4 th Floor		December 2002												
(Street)		5. If Amendment, Date of Original (Month/Year)		<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Form filed by One Reporting Person</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Form filed by More than One Reporting Person</td> </tr> </table>			<input checked="" type="checkbox"/>	Form filed by One Reporting Person	<input type="checkbox"/>	Form filed by More than One Reporting Person				
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Richmond, VA 23219-2205	Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
(City) (State) (Zip)														
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. Transaction Code (Instr.8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at	6.	7. Nature of Ownership Form: Indirect Direct								

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			Amount	(A) or (D)	Price	End of Month (Instr. 3 and 4)	(D) or (I) (Instr. 4)	Owners or Direct (Instr. 4)
Common Stock						186,000	D	
Common Stock						45,000	I	IRA
Common Stock						860	I	By Son (Custodi
Common Stock						400	I	By Daughte (Custodi

* If the form is filed by more than one reporting person, see instruction 4(b)(v).

FORM 5 (continued)				Table II - Derivative Securities Acquired, Disposed (e.g., puts, calls, warrants, options, conve					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transaction Code (Instr.8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)			
				(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
1994 Non-Employee Directors Stock	\$4.65	4/25/02	A	1,500		4/25/02	4/25/2012	Common Stock	1,500

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Option Plan									

Explanation of Responses:

Cheryl C. Carter
 **Signature of Reporting
 Person

January 6, 2003

/s/ Cheryl C. Carter, Power of
 Attorney
 for Murray H. Wright

Date

** 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.