

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  
Expires:  
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 <b>and</b> 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></td> <td>10% Own</td> </tr> <tr> <td></td> <td>Officer (give title below)</td> <td></td> <td>Other (specify below)</td> </tr> </table>			<input checked="" type="checkbox"/>	Director		10% Own		Officer (give title below)		Other (specify below)
<input checked="" type="checkbox"/>	Director		10% Own													
	Officer (give title below)		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 <sup>th</sup> 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></td> <td>Form filed by More than One Reporting Person</td> </tr> </table>		<input checked="" type="checkbox"/>	Form filed by One Reporting Person		Form filed by More than One Reporting Person				
<input checked="" type="checkbox"/>	Form filed by One Reporting Person															
	Form filed by More than One Reporting Person															
Richmond, VA 23219-2205																
(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)		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.			
											Ownership of Form: Indirect		Ownership of Form: Direct			

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			Amount	(A) or (D)	Price	End of Month  (Instr. 3 and 4)	(D) or (I) (Instr. 4)	Owners or Indirect (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

January 6, 2003

\*\*Signature of Reporting  
Person

Date

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

\*\* 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.