FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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 Ty	pe Response	s)													
1. Name and Address of Reporting Person* LEGROTTAGLIE VITO				2. Issuer Name and Ticker or Trading Symbol Wayside Technology Group, Inc. [WSTG]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 1157 SHREWSBURY AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 05/21/2007						X_Officer (give title below) Other (specify below) Vice President Operations						
(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					
SHREW (City	SBURY, N	(State)	(Zip)	т	ahla I	- Non-	-Dorivat	vo So	curities	s A can	irad Diene	need of or I	Ranaficially	Owned	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i	3. Tr Code (Inst	3. Transaction Code (Instr. 8)		<u> </u>		uired of (D)	Beneficially Owned Following Reported Transaction(s)		ies Following	6. Ownership Form:	Beneficial
				(Month/Day/Year	Co	ode	V Am	ount	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Commor	Stock		05/21/2007		I	7	12:	5		\$ 15.28	10,024			D	
							containe the form						spond unle		
1. Title of				Derivative Securi (e.g., puts, calls, w				ed of	f, or Ben	neficial	·	OWIE COM	iroi numbe	r.	

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
LEGROTTAGLIE VITO						
1157 SHREWSBURY AVENUE			Vice President Operations			
SHREWSBURY, NJ 07702						

Signatures

/s/ Vito Legrottaglie	05/23/2007
**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).

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.