FORM 4

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

OMB APPR	ROVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	0.5

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

1. Name ar																
1. Name and Address of Reporting Person* MORGENS EDWIN H (Last) (First) (Middle) 1157 SHREWSBURY AVENUE (Street)			2. Issuer Name and Ticker or Trading Symbol Wayside Technology Group, Inc. [WSTG]						-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)XDirector10% Owner						
				Date of Earliest Transaction (Month/Day/Year) 07/23/2008 If Amendment, Date Original Filed(Month/Day/Year)						-	Officer (give title below) Other (specify below)					
										6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting PersonForm filed by More than One Reporting Person						
SHREWSBURY, NJ 07702 (City) (State) (Zip)			(Zip)	Table I - Non-Derivative Securities Acqu						es Acquir	ired, Disposed of, or Beneficially Owned					
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)			, if Cod	Code (A) or I		ecurities Acquired or Disposed of (D) cr. 3, 4 and 5)		5. Amount of Securities Benefici Owned Following Reported Transaction(s)		d	Form:	7. Nature of Indirect Beneficial		
				(Mont	h/Day/Ye		ode V	Amoun	(A) or (D)	Price	or I (I)		Direct (D) Ownership or Indirect I) (Instr. 4)			
Commor	Stock		07/23/2008]	М	15,000) I A I	\$ 6.375	158,107				D	
					,	a directly		ns who						on containe		1474 (9-02)
			Table II -	- Deriva	tive Seco	ırities A	Perso in thi a cur	ons who s form rently v	are not re alid OME	equired B contro	to respo ol numbe	ond u		on containe form displa		1474 (9-02)
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	- Deriva (e.g., pt 4. Transac Code	tive Secuts, calls 5. N fin Sec Acc or I of (Jurities Ad, warran Jumber Derivative urities uuired (A Disposed D) tr. 3, 4,	Persoin this a cur equired, Dists, options, 6. Date Expiration (Month/D	posed o converti	are not realid OME f, or Beneible security and	equired B contro eficially (ities) 7. Title of Und Securit	ol number Owned	ond u	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Owners Form o Derivat Security Direct (or Indir s) (I)	11. Nature of Indire Benefici Owners! (Instr. 4)
Derivative Security	Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if any	- Deriva (e.g., pt 4. Transac Code	tive Secuts, calls 5. N tion of I Sec or I of ((Ins	urities Ac, warran Number Derivative urities juired (A Disposed D) tr. 3, 4, 5)	Persoin this a cur equired, Dists, options, 6. Date Expiration (Month/D	ons who s form rently v posed o converti recisable Date ay/Year)	are not realid OME	equired B contro eficially (ities) 7. Title of Und Securit	to respondent to	ount mber	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	f 10. Owners Form o Derivat Security Direct (or Indir	11. Nature of Indire Benefici Owners! (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
MORGENS EDWIN H 1157 SHREWSBURY AVENUE SHREWSBURY, NJ 07702	X					

Signatures

/s/ Edwin H. Morgens	07/24/2008
**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.