FORM 4

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

OMB APPROVAL
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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) 08/05/2008							X Officer (give title below) Other (specify below) Vice President of Operations				
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
SHREWSBURY, NJ 07702 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						Acqui	nired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Execu	Deemed ation Date, i	3. T Coo (Ins	Code (Instr. 8)				quired of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		es ollowing	6. Ownership Form:	7. Nature of Indirect Beneficial
				(Month/Day/Yea			Code	V A	moun	(A) or	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	n Stock		08/05/2008				F	1	98		\$ 8.85	14,192			D	
					tive Securi		t cquire	the for d, Disp	m dis	splays a	curre	ntly valid		pond unle rol numbe		
1. Title of Derivative Security	2. Conversion	3. Transaction		(<i>e.g.</i> , pt	uts, calls, w	arran						iy Owned				

Reporting Owners

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

Signatures

/s/ Vito Legrottaglie	08/07/2008
**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.