FORM 4

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

OMB APPROVAL
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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | |
|--|---|--------------------------------------|--|---------|--|-------------|----------------------|-----------------|--|--------------------------|----------------------------|---|--|--|--|----------------------------------|
| 1. Name and Address of Reporting Person * Giordano Shawn | | | | | 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) C/O 1157 SHREWSBURY AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2011 | | | | | | | X Officer (give title below) Other (specify below) VP Sales-Programmers; TechXtend | | | | |
| (Street) | | | | 4. If | 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 | | | | |
| | SBURY, N | | | | | | | | | | | | | | | |
| (City | ") | (State) | (Zip) | | Т | able I | - Non | -Deri | ivative | Securities | Acqui | ired, Dispo | osed of, or l | Beneficially (| Owned | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | f Code (Instr. 8) | | (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | Beneficial Reported | nt of Securities ally Owned Following Transaction(s) | | Form: | 7. Nature of Indirect Beneficial |
| | | | (Mo | ode | | | V | Amoui | (A) or (D) | Price | (Instr. 3 and 4) | | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common | n Stock | | 08/15/2011 | | | | S | V | 500 | D S | \$ 12.1 | 12,499 | | | D | |
| | | | Table II | | ative Securit | | cquire | conta the fo | ained i orm di sposed | n this for splays a o | m are currer eficial | not requesting noting valid | OMB con | spond unle | ss | 1474 (9-02) |
| 1 Title of | l ₂ | 2 Tuomanatio | n 3A. Deemed | | puts, calls, w | arran 5. | ts, op | | | | | itle and | Q Dries of | O. Namah and | of 10. | 11 Notes |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | 3. Transactio Date (Month/Day/ | Year) Execution I | ate, if | te, if Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amo Undo Secu | itle and bunt of erlying urities r. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form o Derivat Securit Direct (or Indi | Ownersh y: (Instr. 4) (D) |
| | | | | | Code V | (A) | (D) | Date Exer | cisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|--------------------------------|-------|--|--|--|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other | | | |
| Giordano Shawn C/O 1157 SHREWSBURY AVENUE SHREWSBURY, NJ 07702 | | | VP Sales-Programmers;TechXtend | | | | |

Signatures

| /s/ Shawn J. Giordano | 08/15/2011 | | | |
|---------------------------------|------------|--|--|--|
| **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.