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

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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 * NYNENS SIMON F | | | | | 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) 4 INDUSTRIAL WAY WEST, SUITE 300 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/30/2018 | | | | | | | Officer (give title below) X Other (specify below) Resigned CEO as of 5/11/18 | | | | |
| (Street) EATONTOWN, NJ 07724 | | | | 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 PersonForm filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqu | | | | | | ired, Disposed of, or Beneficially Owned | | | | | | |
| (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | Coc (Ins | | 4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5) | | | of (D) | | | Following (s) | Ownership Form: | Beneficial | | |
| | | | (Mon | th/Day/Year) | | ode | V | Amoun | (A) or t (D) | Price | (Instr. 3 a | , (| | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) | |
| Common | Stock | | 05/30/2018 | | | | S | | 35 | D | \$ 14.25 | 270,761 | [| | D | |
| Common Stock | | | 05/31/2018 | | | | S | | 1,766 | D | \$ 14.25 | 268,995 | | | D | |
| Reminder: | Report on a s | separate line fo | | Deriva | ative Securio | ties A | cquire | Pers cont the f | sons whatained in form dis | no respo n this for splays a | rm are curre neficial | not requesting noting valid | OMB conf | ormation spond unle trol numbe | ss | 1474 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Y | Execution D Year) any | 4. Transact Code (Instr. 8) | 4. Transaction Code | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | and Expiration Date (Month/Day/Year) | | | 7. Ti Amo Und Secu (Inst 4) | Amount or | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Benefici Ownersh (Instr. 4) |
| | | | | | Code V | (A) | (D) | | | Date | Title | Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | |

| | Relationships | | | | | | |
|---|---------------|--------------|---------|----------------------------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| NYNENS SIMON F 4 INDUSTRIAL WAY WEST SUITE 300 EATONTOWN, NJ 07724 | | | | Resigned CEO as of 5/11/18 | | | |

Signatures

| /s/ Simon Nijnens | 05/31/2018 |
|---------------------------------|------------|
| **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.