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 * 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) 4 INDUSTRIAL WAY WEST, SUITE 300			3. Date of Earliest Transaction (Month/Day/Year) 02/05/2020						X Officer (give title below) Other (specify below) VP & Chief Information Officer						
(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						
EATON (City	rown, n.	J 07724 (State)	(Zip)						a •.•						
	1.Title of Security 2. Transaction		2A. Deemed Execution Date, if		3. Transaction Code 4. Sec (A) or			•				es ollowing	6. Ownership Form:	7. Nature of Indirect Beneficial	
				(Month/Day	th/Day/Year)	Code	V	Amour	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common	Stock		02/05/2020			F(1)		413	D	\$ 15.1	38,465			D	
Reminder:	Report on a s	separate line for	each class of secur	ities beneficia	ally ow	vned dire	Per	sons wh	o respo			ction of inf	ormation		1474 (9-02)
Reminder:	Report on a s	separate line for	Table II - 1	Derivative Se	ecuriti	ies Acqu	Per con the	sons whatained in form dis	no respo n this fo splays a	orm are currer	not requesting ntly valid	ired to res		ss	1474 (9-02)
1. Title of	•	3. Transaction	Table II - 1	Derivative So e.g., puts, ca 4. te, if Transa Code	ecuriti Ils, wa ection	es Acqu arrants, o	Per con the red, I and (Mo	sons whatained in form distributed in form distributed in form distributed in form distributed in formation with the formation of the formation of the formation of the formation of the formation with the formation of the format	no respo n this fo splays a of, or Ber tible secu cisable on Date	rm are currer currer (currer) 7. Ti Amo Unde Secu (Inst 4)	not requesting ntly valid	ired to res	pond unles rol number	f 10. Ownersl Form of Derivati Security Direct (l or Indire	11. Nature of Indires Benefici (Instr. 4)

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LEGROTTAGLIE VITO 4 INDUSTRIAL WAY WEST SUITE 300 EATONTOWN, NJ 07724			VP & Chief Information Officer				

Signatures

/s/ Vito Legrottaglie	02/06/2020
**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)
- (1) Shares withheld at vesting of restricted stock for purposes of meeting the reporting person's tax obligations.

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.