FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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) 4 INDUSTRIAL WAY WEST, SUITE 300 | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/09/2022 | | | | | | 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 | | | | |
| | ΓOWN, N. | | | | | | | | | | ed by More than | one reporting | Cison | |
| (City | ") | (State) | (Zip) | Ta | ible I - Noi | ı-Deri | ivative S | ecurities | s Acqu | ired, Disp | osed of, or l | Beneficially (| Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | (Instr. 8) | | (A) or D | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Followir Reported Transaction(s) | | Following | 6. Ownership Form: | 7. Nature of Indirect Beneficial | |
| | | | | (Month/Day/Year) | Code | V | Amount | (A) or (D) | Price | (Instr. 3 a | nd 4) | | \ / | Ownership (Instr. 4) |
| | | | 03/09/2022 | | S | | 5,000 | | \$ 31.50 | 55,505 | | | D | |
| Reminder: | Report on a s | separate line fo | r each class of secu | rities beneficially ov | | Pers | ons wh | o respo | | | ction of inf | ormation | | 1474 (9-02) |
| Reminder: | Report on a s | separate line fo | Table II - | Derivative Securit | ies Acquire | Persontation the following the feet, Direction to the feet, Directio | ons who ained in orm dis sposed o | o respo this fo plays a | rm are curre neficial | not requesting ntly valid | uired to res OMB con | | ss | 1474 (9-02) |
| 1. Title of | | 3. Transaction | Table II - 1 3A. Deemed Execution Day | Derivative Securit (e.g., puts, calls, wa 4. ate, if Transaction Code Year) (Instr. 8) | ies Acquire arrants, op 5. | Personal the following the fol | ons who | o responding this for plays a left, or Berible securisable in Date | rm are curre neficial urities) 7. T Amo Und Secu (Ins: 4) | not requesting ntly valid | 8. Price of Derivative Security (Instr. 5) | spond unle | of 10. Ownersh Form of Derivatii Security Direct (I or Indire | 11. Natu of Indire Benefici Ownersh (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 | 03/10/2022 |
|---------------------------------|------------|
| **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.