# 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

	pe Response	3)											
1. Name and Address of Reporting Person * CLARK ANDREW E			2. Issuer Name and Ticker or Trading Symbol Wayside Technology Group, Inc. [WSTG]				Direc	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) 06/13/2022				X_ Offic	X Officer (give title below) Other (specify below)  CHIEF FINANCIAL OFFICER					
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)				_X_ Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
	TOWN, N									ed by More tild	. One reporting		
(City	")	(State)	(Zip)	Ta	ble I - Non	-Derivat	ve Securi	ties Aco	quired, Disp	osed of, or	Beneficially	Owned	
1.Title of S (Instr. 3)	Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, it	(Instr. 8) (Instr. 3, 4 and 5)		ed of (I	Beneficially Owned Following Reported Transaction(s) Ownership Form:		Beneficial			
				(Month/Day/Year)	Code	V Am	ount (A)		(Instr. 3 a	nd 4)		Direct (D) C or Indirect (I) (I) (Instr. 4)	Ownership (Instr. 4)
Common	n Stock		06/13/2022		P	25		\$ 34.	25 002			D	
Reminder:	Report on a	separate line for	each class of secur	ities beneficially ow		Persons containe	who res	form a		uired to re	spond unle	ss	1474 (9-02)
Reminder:	Report on a	separate line for	Table II - 1	tities beneficially ov	es Acquire	Persons containe the form	who resed in thised displays	form as a cur	are not requirently valid	uired to res OMB con		ss	1474 (9-02)

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
CLARK ANDREW E 4 INDUSTRIAL WAY WEST SUITE 300 EATONTOWN, NJ 07724			CHIEF FINANCIAL OFFICER			

# **Signatures**

/s/ Andrew Clark	06/15/2022
***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.