

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

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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 Type Responses) | | | | | | | | |
|-------------------------------------------------------------------------|-------------------------|----------|------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name and Address of Reporting Person [*] – Scull Kevin T | | | 2. Date of Event Requiring Statement (Month/Day/Year) 02/28/2014 | | 3. Issuer Name and Ticker or Trading Symbol Wayside Technology Group, Inc. [WSTG] | | | |
| (Last) 1157 SHREWSE | (First) BURY AVE | (Middle) | 02/28/2014 | | 4. Relationship of Reporting Person(s) to Issuer | | | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| SHREWSBURY | (Street) 7, NJ 07702 | | | | (Check all applicable) Director 10% Owner Other (give title Other (specify below) below) Interim CFO, VP Acctg & Report | | cify | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 4) | | | | 2. Amount of Se Beneficially Own (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Natur (Instr. 5 | re of Indirect Beneficial Ownership |
| Common Stock | | | | 8,993 | | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security | 2. Date Exercisable | | 3. Title and Amount of | | 4. Conversion | 5. Ownership | 6. Nature of Indirect Beneficial | |
|---------------------------------|---------------------|------------|----------------------------------|---------------------|---------------|-------------------|----------------------------------|--|
| (Instr. 4) | and Expiration Date | | Securities Underlying Derivative | | or Exercise | Form of | Ownership | |
| | (Month/Day/Year) | | Security | | Price of | Derivative | (Instr. 5) | |
| | | | (Instr. 4) | | Derivative | Security: Direct | | |
| | Date | Expiration | | Amount or Number of | Security | (D) or Indirect | | |
| | Exercisable | Date | Title | Shares | | (I) (Instr. 5) | | |

Reporting Owners

| | Bananting Owner Name / | Relationships | | | | | | |
|-----------------------------------|-----------------------------------------------------------|---------------|--------------|-------------------------------|-------|--|--|--|
| Reporting Owner Name / Address | | Director | 10% Owner | Officer | Other | | | |
| 1 | cull Kevin T 157 SHREWSBURY AVE HREWSBURY, NJ 07702 | | | Interim CFO,VP Acctg & Report | | | | |

Signatures

| /s/ Kevin T. Scull | 03/10/2014 |
|----------------------------------|------------|
| ***Signature of Reporting Person | Date |

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.