FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
١	OMB Number:	3235-0287								
	Estimated average burden									
	hours per response:	0.5								

	Check this box if no longer subject
١	to Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ENGE!	**	WESCO INTERNATIONAL INC [WCC]									X Direc		,		10% Ov	vner						
(Last)		3. Date of Earliest Transaction (Month/Day/Year)									X	Office	er (give title v)		Other (s	specify						
225 WES	106	06/30/2023										Chairman, President & CEO										
SUITE 700						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)															X	X Form filed by One Reporting Person						
PITTSBURGH PA 15219					Form filed by More than One Reporti Person												orting					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication																
												ansaction was r ditions of Rule 1					ruction or wri	itten pl	an that is int	ended to		
		Table	1 - 1	Non-Deriva	tive	Secu	uri	ties A	cqu	iired	l, Di	isposed of	, or E	Benefi	ciall	y Own	ned					
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Date,	3. Transaction Code (Inst				Acquired (A) or (D) (Instr. 3, 4 a		nd 5)		ties cially Following	Form (D) o Indir	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership		
									Cod	de	v	Amount	(A) o	Price)	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)		
Common	Stock		06/30/202	3				A	A		161.9188 ⁽¹⁾	A \$0		.00	422,272.0742		D					
Common	07/02/202	23					7		21,867(2)	D	\$17	9.06	400,405.0742			D						
		Tab	ole I	II - Derivati (e.g., pu					•			posed of, convertib			•	Owne	d					
1. Title of Derivative Security (Instr. 3)	rative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any					Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expira	ation	ercisable and Date //Year)	7. Title Amou Secur Under Deriva Secur (Instr.	nt of ities lying ative	Dei Sed (Ins	Price of erivative ecurity astr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G G O (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V (A)		(A) (D		Date Exerci	isable	Expiration Date	Expiration C		t r								

Explanation of Responses:

- 1. Represents dividend equivalent rights ("DERs") in connection with the Issuer's quarterly dividend and accrued to the Reporting Person on restricted stock units ("RSUs") held by the Reporting Person. Each DER is the economic equivalent of one share of Issuer's common stock and vests on the same schedule as the underlying award.
- $2. \ Represents \ tax \ withholding \ on \ the \ vesting \ of \ RSUs \ that \ were \ granted \ on \ July \ 2, \ 2020.$

Remarks:

/s/ Michele Nelson, as Attorney-in-Fact 07/05/2023

** Signature of Reporting Person Date

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

- * 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.

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 Number.