FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

KILIEO F	AND EXCHANGE COMMISSION
\	D 0 00540

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box if no longer subject to

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

1. Name and Address of Reporting Person* Squires Nelson John III						2. Issuer Name <b>and</b> Ticker or Trading Symbol WESCO INTERNATIONAL INC [ WCC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					
					2 Dc	2. Date of Fadicat Transaction (Month/Day/Veer)										er (give title		Other (specify below)		
(Last) (First) (Middle) 225 WEST STATION SQUARE DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024									EVP & GM, EES					
SUITE 700						4 If Amendment Date of Original Filed (Month/Davidson)									C. Individual on Inint/Crown Filing (Charles Anniharth)					
(Street)					4. 11 /	If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)					
PITTSBURGH PA 15219															<b>√</b> Form	filed by One	d by One Reporting Person			
														Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Bene	eficia	lly Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquire Disposed Of (D) (Ins 5)					Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following Reported		rect direct 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	( <i>A</i>	() or ()	Price	Transa	ction(s) 3 and 4)			(Instr. 4)	
Common Stock 09/30/2					024			A		11.5391	1)	A	\$ <mark>0</mark>	64,621.046		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)			8. Price of Derivative Security (Instr. 5)		Ownersh Form: Direct (D or Indirect (I) (Instr.	n: ct (D) ndirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nun of							

## **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.

/s/ Michele Nelson, as Attorney-in-Fact

10/02/2024

\*\* 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.