Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Name and Address of Reporting Person* Porwal Hemant						2. Issuer Name and Ticker or Trading Symbol WESCO INTERNATIONAL INC [WCC]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					wner
(Last) (First) (Middle) 225 W STATION SQUARE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 11/29/2023								A below) below) EVP Supply Chain & Operations						
SUITE 700						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	U RGH P A	A 1	5219			X Form filed by One Reporting Person Form filed by More than One Reporting Person													
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
		Table	I - N	lon-Deriva	tive	Secui	rities	Ac	quire	d, Di	sposed o	f, or B	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo				rear)	Execution Date,					Acquired (A) or (D) (Instr. 3, 4 and		5)	5. Amount of Securities Beneficially Owned Following Reported		Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Transa		action(s) 3 and 4)			(111311.4)
Common Stock 11/29					123				S		11,683	D	\$154.0	15,406.397			D		
Common	Stock			11/29/20	23	.3			S		1,317	D	\$154.6	1.67 ⁽²⁾ 14,0		089.397		D	
Series A Preferred Stock													2,		2,000			By Joint Account	
		Tal	ble II	l - Derivati (e.g., pu							posed of, convertib				wne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			e and int of ities rlying ative ity (Instr. 4)				Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form:	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. Represents weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$153.56 to \$154.36. Upon request by the SEC, the Issuer or a stockholder of the Issuer, complete information regarding the number of shares sold at each price within the range will be provided.
- 2. Represents weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$154.65 to \$154.68. Upon request by the SEC, the Issuer or a stockholder of the Issuer, complete information regarding the number of shares sold at each price within the range will be provided.

Remarks:

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

12/01/2023

** 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.