FORM 4

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 | | | | | | | |
| ha | 0.5 | | | | | | |

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

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* UTTER LYNN M | | | 2. Issuer Name and Ticker or Trading Symbol WESCO INTERNATIONAL INC [WCC] | | | | | | | tionship of F all applicab Director | | Person | (s) to Issuer 10% Owr | ner | | | | | |
|--|---|--|---|---|--|------------|-------|--|-------------------|---|--|--|----------------------------|---------------------|------------------------------------|---|--|--|--|
| (Last) (First) (Middle) 225 WEST STATION SQUARE DRIVE SUITE 700 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/08/2017 | | | | | | | Officer (gi below) | ve title | | Other (sp below) | ecify | | | | |
| (Street) | JRGH P. | A | 15219 | 4. If Amendment, Date of Original Filed (Month/Day | | | | | y/Year) | | 6. Indiv | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | |
| | | | Table I - Non- | Deriva | ative S | Securitie | s Ac | quired, | Disp | osed (| of, or Be | enef | icially O | wned | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | | ate | action 2A. Deemed Execution Da if any (Month/Day/ | | Date, | Code (li | | | | 5. Amount of Securities Beneficially Following | y Owned (D) | | Direct Ir ndirect B tr. 4) C | . Nature of ndirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | nstr. 4) | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title an Securities Derivative (Instr. 3 a | s Und e Sec | erlying | ing Derivative | | er of /e es ally og d | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | cpiration ate | Title | | ount or nber of ares | | Transact (Instr. 4) | | | | |
| Deferred Share Units ⁽¹⁾ | (2) | 12/08/2017 | 12/08/2017 | A | | 1,461.2546 | | (2) | | (2) | Common Stock | 1,4 | 61.2546 | \$0.00 | 16,136. | .3626 | D | | |

Explanation of Responses:

- 1. Deferred Share Units are credited to an account in the reporting person's name maintained by WESCO International.
- 2. Each Deferred Share Unit is the economic equivalent of one share of WESCO International common stock. The Deferred Share Unit Account balance becomes eligible for distribution, only in the form of WESCO International common stock, upon termination of service as a Director.

Remarks:

/s/ Samantha L. O'Donoghue, Attorney-In-Fact

12/08/2017

** 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.