FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number: 3235-0									
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	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(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person* Geary William Clayton						2. Issuer Name and Ticker or Trading Symbol WESCO INTERNATIONAL INC [WCC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) 225 WEST STATION SQUARE DRIVE							3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023										X Officer (give title below) Other (spe below) EVP & GM, Comm & Sec Solution					
SUITE 700						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	Street) PITTSBURGH PA 15219																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.														ended to							
			Table	I - N	on-Deriva	tive S	ecui	rities	s Ac	quired	l, Di	sposed of	, or E	3ene	ficially	y Owr	ned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yell)						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (I						Securi Benefi Owned Follow	icially d _/ ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount	(A) o (D)	Pri	се		orted nsaction(s) tr. 3 and 4)					
Common Stock 06/30/202							23			Α		36.3818 ⁽¹⁾	A	\$	0.00	31,257.434			D			
Common	Stock				07/02/202	23				F		5,532 ⁽²⁾	D	\$1	79.06	25,725.434			D			
Series A Preferred Stock																4,562		562 D				
			Tab	le II	- Derivativ (e.g., pu							oosed of, convertib				Owne	ed	,				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any					4. Transa Code (8)		Secu Acq (A) o Disp of (D	vative urities uired or oosed o) tr. 3, 4	Expira (Mont	ation [7. Title Amou Secur Under Deriva Secur (Instr.	int of ities rlying ative ity 3 and	Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
						Code					Expiration Date	Title	Amou or Numb of Share	er								

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.