FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 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

1. Name an	2. Issuer Name and Ticker or Trading Symbol WESCO INTERNATIONAL INC [ WCC ]									olicable)	ng Perso	g Person(s) to Issue						
(Last)	(Fi	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023								Officer (give title below)		Other (s below)		specify
225 WEST STATION SQUARE DRIVE SUITE 700						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indi Line)	-/				
(Street) PITTSBURGH PA 15219-1122						Form filed by More than One Reporting Person											orting	
(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	on-Derivat	tive S	ecui	rities Ad	quire	d, Di	sposed of	f, or I	Bene	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 Acquired Disposed Of (D) (Instr.					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or Pri	се		ted action(s) 3 and 4)			
Common Stock 06/30/202						23		A		4.6982(1)	A	. 4	0.00	2,24	48.0344	D	)	
Common Stock 06/30/202						23		A		167.542 <sup>(2)</sup>	) A	. \$1	79.06	2,415.5764		D	)	
		Tab	le II	- Derivativ (e.g., put						posed of, convertib				Owne	d			
	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Number of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, and 5)				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form Direc or Ind (I) (In	vnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
Evnlanation					Code	v	(A) (D)	Date Exer	cisable	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 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 deferred share units ("DSUs") credited to the Reporting Person's deferred compensation account pursuant to the Issuer's Deferred Compensation Plan for Non-Employee Directors (the "Plan"). Each DSU is the economic equivalent of one share of Issuer's common stock and is eligible for distribution in the form of Issuer's common stock based on the schedule elected by the Reporting Person in accordance with the Plan.

## 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.