FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
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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 Add	Date of Event equiring Staten Month/Day/Year 1/02/2006	nent	3. Issuer Name and Ticker or Trading Symbol WESCO INTERNATIONAL INC [ WCC ]										
(Last) (First) (Middle) P.O. BOX 4030, NH 337		(Middle)			Relationship of Reporting Pers (Check all applicable)     X Director     Officer (give title		son(s) to Issuer  10% Owner  Other (specify		If Amendment, Date of Original Filed (Month/Day/Year)      Individual or Joint/Group Filing (Check				
(Street) GOLDEN (City)	CO (State)	80401 (Zip)	_		below)		below)		Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)						ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
Expirat			Expiration Da	. Date Exercisable and Expiration Date Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security		4. Conversion	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	ı Title	•	Amount or Number of Shares		Direct (D) or Indirect (I) (Instr. 5)						

**Explanation of Responses:** 

## Remarks:

No securities are beneficially owned.

<u>/s/Lynn M. Utter</u> <u>01/03/2006</u>

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).