FORM 4

UNITED STATES SECUF

Washington, D.C. 20549

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

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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 and Address of Reporting Person* Wolf Christine Ann (Last) (First) (Middle) 225 WEST STATION SQUARE DRIVE SUITE 700 | | | | | | 3. Da 12/1 | Susuer Name and Ticker or Trading Symbol WESCO INTERNATIONAL INC [WCC] June of Earliest Transaction (Month/Day/Year) 12/12/2024 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) EVP & CHRO 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | wner specify | |
|--|---|---|-----------|----------|--|-----------------|--|--------|---|--------|-------------|---|-------------------|--|---|--|---|---|-----------------|------------|
| (Street) PITTSBURGH PA 15219 (City) (State) (Zip) | | | | | | | | | | | | | V | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | • | | | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | tion | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | A) or 5. Am Secur Benef Owne | | unt of ies cially Following | 6. Own Form: (D) or I (I) (Inst | Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | Code | v | Amount | (A) or (D) Pri | | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 12/12/2 | | | | | 2024 | | | | F | | 56(1) | D | \$ | 192.9 | 30,2 | 64.3917 | I |) | | |
| 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) | erivative Conversion Date Execution ecurity or Exercise (Month/Day/Year) if any | | ion Date, | Code (8) | Transaction of Code (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | De Ser (In: | Price of erivative ecurity nstr. 5) Beneficiall Owned Following Reported Transactio (Instr. 4) | | y Di or (I) |). wnership orm: irect (D) · Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. The reported transaction involved the withholding of 56 shares of stock issuable upon the early vesting of an equal number of restricted stock units to pay taxes associated with the reporting person becoming retirement eligible. The total reported in Column 5 includes 3,230.3917 previously reported restricted stock units.

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

12/16/2024

** 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.