FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Nashington, I | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | tion 1(b). | | | Filed | | | | | | | ties Exchang ompany Act o | | f 1934 | | | nours | per re | esponse: | 0.5 |
|--|--|----------|------------------------------|-----------|---|--|--|-------|--|-----------|------------------------------|--------------------------------|--|-----------------------|---|--|---|----------|------------|
| 1. Name and Address of Reporting Person* BRYAN GLYNIS | | | | | 2. Issuer Name and Ticker or Trading Symbol WESCO INTERNATIONAL INC [WCC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owner | | | | | | |
| (Last) | (F | irst) (M | Middle) |) | | ate of E | | Trans | saction | (Montl | n/Day/Year) | | | | Office | | | specify | |
| 225 WEST STATION SQUARE DRIVE SUITE 700 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ine) | , | | | | |
| (Street) PITTSBURGH PA 15219-1122 | | | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) (Z | 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 - No | on-Deriva | tive S | Secu | rities | Acc | quirec | d, Dis | sposed of | , or B | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | Execution I | | tion Da | on Date, Transaction Code (Ins | | | | | | 4 and 5) Secur Bene Owne | | cially I Following | Forn (D) c | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | ١ | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 03/29/20 | | | | | 024 | | | A | | 3.9474(1) | A | \$ | \$0 1,0 | | 542.9488 | | D | | |
| Common | Stock | | | 03/29/20 | 024 | | | | A | | 182.45(2) | A | \$17 | \$171.28 1,825.3988 D | | | | | |
| | | Tal | ble II | | | | | | | | osed of, c | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | (Instr. | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | unt ber | | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

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 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.

> /s/ Michele Nelson, as 04/02/2024 Attorney-in-Fact

** 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.