FORM 4

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

Washington,	D.C.	20549	

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

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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) 225 WES		(Firs	st) (M N SQUARE DR	/liddle)		3. Date of Earliest Transaction (Month/Day/Ye 03/29/2024										X Officer (give title below) Other (specify below)  EVP & GM, Comm & Sec Solutions					
SUITE 700				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) PITTSB	U <b>RGH</b>	PA	1	5219			X Form filed by One Reporting Person  Form filed by More than One Reporting Person														
(City)	1	(Sta	te) (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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									an that is inter	nded to											
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				y/Year) Execution		ution Date,					s Acquired (A) of (D) (Instr. 3, 4			Benefic	ies cially 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 )	Price	Transa	r. 3 and 4)			(111501.4)	
Common Stock 03/2					03/29/2	2024				A		11.2675(1	1)	A	\$0	35,0	,039.1788		D		
Series A Preferred Stock								4	4,562 D												
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)	Derivative   Conversion   Date   Execution Date,   Security   or Exercise   (Month/Day/Year)   if any			4. Transaction Code (Instr. 8)  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	v	V (A) (D)		Date Exercisable		Expiration Date	Title	of	nber res						

## **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.

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

04/02/2024

\*\* 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.