

WESCO INTERNATIONAL INC
 Form 3
 September 06, 2007

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

| | | | | |
|---|---------|--------------------------------------|--|----------------------------------|
| 1. Name and Address of Reporting Person * | | 2. Date of Event Requiring Statement | 3. Issuer Name and Ticker or Trading Symbol | |
| Â Powell Robert J. | | (Month/Day/Year) | WESCO INTERNATIONAL INC [WCC] | |
| (Last) | (First) | (Middle) | 09/05/2007 | |
| 225 W. STATION SQUARE | | | | |
| DRIVE,Â SUITE 700 | | | | |
| (Street) | | | | |
| PITTSBURGH,Â PAÂ 15219 | | | | |
| (City) | (State) | (Zip) | | |
| 1. Title of Security | | 2. Amount of Securities | 3. | 4. Nature of Indirect Beneficial |
| (Instr. 4) | | Beneficially Owned | Ownership | Ownership |
| | | (Instr. 4) | Form: | (Instr. 5) |
| | | | Direct (D) | |
| | | | or Indirect | |
| | | | (I) | |
| | | | (Instr. 5) | |

(Check all applicable)

| | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Director | <input type="checkbox"/> 10% Owner | 6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person |
| <input checked="" type="checkbox"/> Officer | <input type="checkbox"/> Other | |
| (give title below) | (specify below) | |

VP - Human Resources

Table I - Non-Derivative Securities Beneficially Owned

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

SEC 1473 (7-02)

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 control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | | | |
|---------------------------------|---|--|--|---|--|
| 1. Title of Derivative Security | 2. Date Exercisable and Expiration Date | 3. Title and Amount of Securities Underlying Derivative Security | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security | 6. Nature of Indirect Beneficial Ownership |
| (Instr. 4) | (Month/Day/Year) | (Instr. 4) | | Form of Derivative Security: Direct (D) or Indirect (I) | (Instr. 5) |
| | Date Exercisable | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|----------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Powell Robert J. 225 W. STATION SQUARE DRIVE SUITE 700 PITTSBURGH, PA 15219 | ^ | ^ | ^ | ^ |
| | | | VP - Human Resources | |

Signatures

/s/ROBERT J. POWELL 09/06/2007

**Signature of Reporting Person Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

^

Remarks:

New Section 16 Officer

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.