FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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* JOHNSON JULIA L | | | | | | 2. Issuer Name and Ticker or Trading Symbol MASTEC INC [MTZ] | | | | | | | | | Relationsh heck all ap X Dire | plicable) | ng Pei | erson(s) to Issuer | |
|--|--|--|--------|----------------------------------|---------|--|--|--|---|---|---|--|-------------|-------|--|---|-------------------------|--|--|
| (Last) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2016 | | | | | | | | | | Officer (give title below) | | Other (specify below) | |
| | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) TALLAHASSEE FL 32317 | | | | | | | | | | | | | | | For | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (Sta | ate) (Z | ľip) | | | | | | | | | | | | 1 01 | 3011 | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | | Execution Date, | | | Transaction Disposed Code (Instr. and 5) | | | ities Acquired (A) d Of (D) (Instr. 3, | | | Secu | | Form (D) o | ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | | A) or O) | Price | Repo | | (msu | 1. 4) | (111501.4) |
| Common Stock 05/13/2 | | | | | | 016 | | | A | | 2,643 | A \$0 | | \$0.0 | 90,105 | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, n/Day/Year) | Code (I | 5. Num of of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5) | | vative rities uired r osed) r. 3, 4 | 6. Date Exercisable ar Expiration Date (Month/Day/Year) Date Exercisable Expiratic Exercisable | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | O F D o (I) | orm: irect (D) r Indirect) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

Remarks:

\s\ Albert de Cardenas For:

Julia Johnson

** Signature of Reporting Person

05/17/2016 Date

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

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.

 $^{^{\}star}$ 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).