SEC Form 3

FORM 3

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

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

	Address of Repo ez Javier A	•	2. Date of Event Requiring Stater (Month/Day/Yea	nent		B. Issuer Name and Ticker or Trading Symbol MASTEC INC [MTZ]						
(Last) 3405 PINE (Street) FLOWER MOUND (City)	(First) Y POINT TX (State)	(Middle) 75022 (Zip)	12/18/2015 	í F		tionship of Reporting Per all applicable) Director Officer (give title below)	rson(s) to Issu 10% Own Other (spe below)	er	(Mon 6. In	th/Day/Year) dividual or Joir icable Line) Form filed b Person	Date of Original Filed nt/Group Filing (Check by One Reporting by More than One Person	
			Table I - Nor	-Derivati	ive Se	curities Beneficial	ly Owned					
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4) Form: Di or Indire		3. Ownersh Form: Direc or Indirect (Instr. 5)	.t (D) (Instr. 5)		t Beneficial Ownership		
						urities Beneficially ptions, convertible		s)				
· · · · · · · · · · · · · · · · · · ·			ite		tle and Amount of Secu erlying Derivative Secu		4. Conversion or		Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
				Expiration Date	n Title		Amount or Number of Shares	Exerc Price Deriva Secur	of ative	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Albert de Cardenas for: Javier Palomarez

12/28/2015

** 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 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).

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.