П

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

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

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| h | 0.5 | | | | | | | | | |

| hours per response: | 0.5 |
|---------------------|-----|
| | |
| | |

| 1. Name and Address of Reporting Person [*] SORZANO JOSE S | | n* | 2. Issuer Name and Ticker or Trading Symbol <u>MASTEC INC</u> [MTZ] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---------|-------|--|---|---|-----------------------|--|--|
| SURZAINO JUSE S | | | | Х | Director | 10% Owner | | |
| (Lact) (Eirct) (Middlo) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/13/2015 | | Officer (give title below) | Other (specify below) | | |
| 4020 NORTH 38TH PLACE NORTH | | п | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | dual or Joint/Group Filing (| Check Applicable | | | |
| ARLINGTON | VA | 22207 | | Х | Form filed by One Repor | ting Person | | |
| | V/1 | | | | Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (| Transaction Dispo Code (Instr. 5) | | Acquired (D) (Instr. | (A) or 3, 4 and | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|--------|--------------------------------------|--------|-------------------------|--------------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 11/13/2015 | | Α | | 1,375 | A | \$0.00 | 36,293 | D | |
| Common Stock | 11/13/2015 | | F | | 343 | D | \$16.81 | 35,950 | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) or Dispo of (D) | of Expiration Date Oerivative (Month/Day/Year) Securities Acquired A) or Disposed of (D) Instr. 3, 4 | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Amount of Derivative Securities Security Underlying (Instr. 5) Derivative Security (Instr. 3 | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|--|---|---------------------|---|-------|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Remarks:

By: /s/ Albert de Cardenas For: Jose Sorzano <u>11/17/2015</u>

** 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.