FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL							
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).

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

1. Name and Address of Reporting Person* JOHNSON JULIA L						2. Issuer Name and Ticker or Trading Symbol MASTEC INC [MTZ]									k all app	tionship of Reportin all applicable) Director		g Person(s) to Issuer 10% Owner	
(Last) PO BOX	ast) (First) (Middle) D BOX 14737				3. Date of Earliest Transaction (Month/Day/Year) 02/15/2016										Offic below	er (give title w)		Other (specify below)	
(Street) TALLAHASSEE FL 32317 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc Line)	Forn Forn	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			Code (Instr. 5)					Securi Benefi	icially d Following	6. Owr Form: (D) or (I) (Ins	Direct Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A)) or)	Price	Transa	action(s) 3 and 4)			(11311. 4)
Common Stock				02/15	5/2016				A		4,242	2 A \$(\$0.00	8	87,462		D	
		Та	ble II - C								sed of, onvertib				wned				
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any			Date,	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

Remarks:

\s\ Albert de Cardenas For:

02/17/2016

Julia Johnson ** 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.