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

| 1. Name and Address of Reporting Person [*] de Cardenas Alberto | | | | 2. Issuer Name and Ticker or Trading Symbol <u>MASTEC INC</u> [MTZ] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|---|---------|-------------|------------|---|---|---|--------|--------------------------------------|---------------|----------------------------|---|--|---|--|--|
| (Last) (First) (Middle) 800 DOUGLAS ROAD, 12TH FLOOR | | | | | ate of Earliest Trans 28/2015 | saction (N | /lonth | /Day/Year) | x | Officer (give title below) | Other | Other (specify below) | | | |
| (Street) CORAL GABLES FL 33134 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | |
| | | Table I - N | lon-Deriva | ative | Securities Acc | quired, | Dis | posed of, | or Ben | eficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securitie Disposed C and 5) | | | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Following Reported Transaction(s) (Instr. 3 and 4) | (Instr. 4) | (Instr. 4) | | |
| Common Stock 12/28/2 | | | | 015 | | F | | 3,517 | D | \$17.51 | 113,872 | D | | | |
| Common Stock | ζ. | | | | | | | | | | 1,063 | I | By 401(k) plan | | |
| | | | | | | | | | | | | | | | |

(e.g., puts, calls, warrants, options, convertible securities)

| (| | | | | | | | | | | | | | | |
|---|---|--|--|-----------------------------------|---|---|-----|--|--------------------|---|--|------------------|--|----------------------------------|-------------------------|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | tise (Month/Day/Year) if any Co (Month/Day/Year) 8) ve | | Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | of Derivative | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | Beneficial Ownership |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Remarks:

Albert de Cardenas

12/30/2015

** 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 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.