FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

## 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

1. Name and Ac	Idress of Reportin	. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol  MASTEC INC [ MTZ ]							
			9/28/2016		Relationship of Reporting Personal (Check all applicable)		. ,		5. If Amendment, Date of Original Filed (Month/Day/Year)		
4145 PINTA COURT					X	Director Officer (give title below)	10% Own Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting		
(Street) CORAL GABLES	FL	33146							X	Person Form filed by More than One Reporting Person	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						81,266	D				
Common Stock						861	I		By 401(k) plan		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exere Expiration Derivative Month/Day/N			ite	3. Title and Amount of Secur Underlying Derivative Secur 4)		rity (Instr. Con			5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	1 Title		Amount or Number of Shares	Exerci Price Deriva Securi	of itive	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

\s\ Albert de Cardenas For: C. Robert Campbell

10/11/2016

\*\* Signature of Reporting Person 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).