FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(c). S	ee Instruction 1	0.																			
1. Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol MASTEC INC [ MTZ ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
JOHNSON JULIA L					1									<b>√</b> Di	ector		10% O	wner			
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 11/15/2024									ficer (give t low)	tle	Other ( below)	specify		
PO BOX 14737					1																
					4. If A	If Amendment, Date of Original Filed (Month/Day/Year)								6.	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					1	and the state of original rines (months bay roar)								Line)							
, ,	HASSEE FI	3	2317		1										<b>√</b> Fo	rm filed by	One Re	eporting Pers	on		
,															Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	Zip)																		
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Aca	uired.	Disi	posed of	. or	Ben	efici	ally Ov	ned					
4 Title -54	D					_		•	· ·		1				<del>-</del>			O	7 Natura		
1. Litle of S	Security (Inst	r. 3)		2. Transac Date (Month/Da		Execution Date,			Transa	3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3) Code (Instr. 5)								Ownership rm: Direct ) or Indirect	7. Nature of Indirect Beneficial		
							nth/Day/Year)		8)							ıed Followiı orted	ng (i)	(l) (Instr. 4)	Ownership (Instr. 4)		
					Code	v	Amount	(A (D	(A) or (D) Pi		Trai	ransaction(s) Instr. 3 and 4)			(						
Common Stock 11/15/2									A		305		A	\$0	72,072			D			
		Tal	ole II - I	Derivati	ve Se	curi	ties A	/cani	ired. D	isno	osed of, o	or B	enef	icial	lv Owr	ed		<u> </u>			
											onvertib										
Derivative Conversion Date Execut Security or Exercise (Month/Day/Year) if any			if any	med 4. Transacti Code (Ins Bay/Year)					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		f g	8. Price Derivativ Security (Instr. 5)		ve les lally ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	V	(A)		Date Exercis:	ahle	Expiration	Title	or Nur of	ount nber									

**Explanation of Responses:** 

Remarks:

\s\ Alberto de Cardenas For:

11/19/2024

<u>Julia Johnson</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.