Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. 20549 | |
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| Check this box if no longer subject | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|-------------------------------------|--|
| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| | |

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

| Name and Address of Reporting Person* Dwyer Robert J | | | | | | 2. Issuer Name and Ticker or Trading Symbol MASTEC INC [MTZ] | | | | | | | | | ationship k all app Direc | , | ng Per | rson(s) to Is | |
|--|--|----------|---------|----------------------------------|--|--|--------|---|---------------------|------------------------|------------------------|--|---|--|----------------------------------|---|---|--|--|
| (Last) | (F | irst) (f | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024 | | | | | | | | | Office | er (give title /) | | Other (sbelow) | specify |
| 880 SOUTH OCEAN BOULEVARD | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) PALM B | (Street) PALM BEACH FL 33480 | | | | | | | | | | | | | | | filed by On- filed by Mo on | | | |
| (City) (State) (Zip) | | | | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | s Acq | uired, | Dis | posed of | , or B | enefic | ially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Exec if any | Deemed cution Date, y nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed (5) | | s Acquii Of (D) (In | red (A) o str. 3, 4 | 4 and Sec Bei Ow | | Amount of curities eneficially wned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (111511. 4) | |
| Common Stock | | | | 02/15/2 | 2024 | | | | A | | 547 | A | \$ | 0 | 19 | 9,173 | | D | |
| Common Stock 0 | | | | 02/15/2 | 2024 | | | F | | | 121(1) | D | \$72.98 | | 19,052 | | 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 | | if any | emed ion Date, //Day/Year) | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exercion Da Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sec (Ins | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 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 | or Numb of Title Share | | | | | | | |

Explanation of Responses:

1. Shares disposed of represent shares withheld by the Issuer to pay taxes due upon vesting of restricted stock

Remarks:

\s\ Alberto de Cardenas For: Robert Dwyer

** Signature of Reporting Person Date

02/20/2024

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.