FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Г |                          |     |  |  |  |  |  |  |  |
|---|--------------------------|-----|--|--|--|--|--|--|--|
|   | OMB APPROVAL             |     |  |  |  |  |  |  |  |
| ı |                          |     |  |  |  |  |  |  |  |
| l | OMB Number: 3235-03      |     |  |  |  |  |  |  |  |
| l | Estimated average burden |     |  |  |  |  |  |  |  |
| l | hours per response       | 0.5 |  |  |  |  |  |  |  |

|        | Check this box if no longer subjec |
|--------|------------------------------------|
| $\neg$ | 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*  Parker Ava L  (Last) (First) (Middle) |   |  |                 |                                     | 2. Issuer Name and Ticker or Trading Symbol MASTEC INC [ MTZ ]      3. Date of Earliest Transaction (Month/Day/Year)     05/15/2023    |  |        |                                     |  |       |          |   | (Ch | eck all app | blicable)<br>ctor<br>er (give title                         | ing Person(s) to  10% ( Other below  |   | Owner<br>(specify  |  |
|---|---|--|-----------------|-------------------------------------|--|--|--------|-------------------------------------|--|-------|----------|---|-----|-------------|---|--|---|--|--|
| 10589 VERSAILLES BLVD   |   |  |                 |                                     |  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |        |                                     |  |       |          |   |     |             | 6. Individual or Joint/Group Filing (Check Applica<br>Line) |  |   |  |  |
| (Street) WELLINGTON FL 33449  |   |  |                 |                                     |  |  |        |                                     |  |       |          |   |     |             | Form  | Form filed by One Reporting Person<br>Form filed by More than One Reportin<br>Person                               |   |  |  |
| (City)  | 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   | ecur   | rities | Acq                                 | uired,   | Dis   | posed of | f, or   | Ben | eficia      | lly Owr   | ned  |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/                |   |  |                 |                                     |  | Execution Date,  |        |                                     | 3.<br>Transaction<br>Code (Instr. 8)  4. Securities Acquire<br>Disposed Of (D) (Instr. 5)  |       |          |   |     |             | d Securi<br>Benefi<br>Owned<br>Follow                       | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following   |   | wnership<br>n: Direct<br>or<br>rect (I)<br>rr. 4)                        | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|   |   |  |                 |                                     |  |  |        |                                     | Code   | v     | Amount   | (A)<br>(D)  | or  | Price       |   | rted<br>action(s)<br>. 3 and 4)  |   |  |  |
| Common  | 023   |  |                 | A                                   |  | 411  |        | A                                   | \$0.00   | )   1 | 1,759    |   | D   |             |   |  |   |  |  |
| Common Stock 05/15/20   |   |  |                 |                                     |  | 023  |        |                                     | F  |       | 91(1)    | D \$  |     | \$97.0      | 5 1   | 1,668  |   | D  |  |
|   |   | Tab  | le II -         | Derivati<br>(e.g., pu               |  |  |        |                                     |  |       |          |   |     |             | y Owne  | ed   |   | <u> </u>   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                             | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security   | 3. Transaction<br>Date<br>(Month/Day/Year) | Execu<br>if any | eemed<br>Ition Date,<br>h/Day/Year) | 4. Transaction Code (Instr. 8)  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  Code V (A) (D) |  |        | vative rities sired rosed ) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date |       |          | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and or Numb of Title Share |     | ount        | i. Price of<br>Derivative<br>Security<br>Instr. 5)          | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | у | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |

## 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:

05/17/2023

Ava Parker
\*\* 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.