FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| STATEMENT O | F CHANGES | IN BENEFICIAL | OWNERSHIP |
|-------------|-----------|---------------|------------------|

| OMB APPRO | JVAL | | | | | |
|--------------------------|---------------------------------------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
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| hours per response: | 0.5 | | | | | |
| | OMB Number: Estimated average burd | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* <u>Csiszar Ernst N</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol MASTEC INC [MTZ] | | | | | | | | | | olicable) | g Person(s) to Is | |
|---|--|------|---------------|-----------------|-------------------------------|--|--------|------|--|--------|---|---------------------------|--|---|--|--|--|----------|
| | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/27/2012 | | | | | | | | | Offic belov | er (give title v) | Other below | (specify |
| (Street) COLOM | | | 29206 Zip) | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | Forn Forn | lual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| | | Tabl | e I - N | lon-Deriv | /ative | Seci | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benefic | ially (| Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | . | Execution Date, | | ´ | | | Acquired (A) or (D) (Instr. 3, 4 and | | d 5) Sec Ben | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | action(s) 3 and 4) | | (111301.4) | |
| Common Stock 11/27/20 | | | 012 | | | | S | | 10,000 | D | \$22.83 | 352 ⁽¹⁾ 11,955 | | 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 (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | | | tion Date, | | Transaction Code (Instr. B) S | | Expir | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deriv Secu (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$22.75 to \$22.92, inclusive. The reporting person undertakes to provide to MasTec, Inc. ("MasTec"), any security holder of MasTec or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnote (1) to this Form 4.

> By: s/ Alberto de Cardenas 11/29/2012 For: Ernst N Csiszar

** Signature of Reporting Person

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.