FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |
| Estimated average I | nurden | | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB ALTINO | / V/\L | | | | | | |
|--------------------------|--------|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| 1. Name and Address of Reporting Person <u>Csiszar Ernst N</u> | | | | | MASTEC INC [MTZ] | | | | | | | | | | heck all app | , | | % Owner |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------|--------------------------|--------------------|-------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------|-------------------|---------------------------------------------------------------------------------------------------|--------------------|---------|-----------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--|----------------------|
| (Last) 1579 KA | (Fii THWOOD | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/29/2015 | | | | | | | | | Offic belov | er (give title v) | | ner (specify low) |
| (Street) COLOM (City) | | | 29206 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. l | ne) X Forn Forn | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | e I - Non | -Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or I | 3ene | ficia | lly Owne | ed | | |
| 1. Title of Security (Instr. 3) | | | | Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, | | | d Securi Benefi | cially I Following | 6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4) | of Indirect | | |
| | | | | | | | | | Code | v | Amount | |) or) | Price | Transa | action(s) 3 and 4) | | (iiisti. 4) |
| Common Stock | | | | 04/29/2015 | | | | A | | 2,964 | 2,964 A | | \$ <mark>0</mark> | 19,132 | | 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) | vative Conversion Date Execution I rity or Exercise (Month/Day/Year) if any | | Date, Transaction Code (Instr. | | n of | | 5. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amou or Numb of Share | er | | | | |

Explanation of Responses:

By: \s\ Albert de Cardenas For: 05/01/2015 **Ernst Csiszar**

** 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.

^{*} 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).