FORM 4

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

Washington,	D.C. 20549			

UIVIB APPR	OVAL								
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 10b5-1(c) See Instruction 10

## 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(0): 0	e instruction i	· · · · · · · · · · · · · · · · · · ·			_														
1. Name and Address of Reporting Person* <u>Campbell C Robert</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol MASTEC INC [ MTZ ]								5. Relationship of Reporting Person(s) to Issuel (Check all applicable)							
<u>cumpoen e Robert</u>												1	Direc			10% O			
(Last) (First) (Middle)				3. Da	Date of Earliest Transaction (Month/Day/Year)								Officer (give title below)			Other (: below)	specify		
				11/11/2024															
4145 PINTA COURT																			
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line)	_		_		
CORAL GABLES	, FL	3	3146											1		filed by One		•	
UADLE	,													Form filed by More than One Reporting Person				orting	
(City)	(Sta	ate) (Ž	<u>Z</u> ip)																
,															_				
		Table	I - No	on-Deriva	tive S	Secur	rities	Ac	quired	d, Dis	sposed of	, or E	Benefi	cially	Own	ed			
1. Title of S	Security (Inst	r. 3)		2. Transaction	on 2A. Deemed Execution Date.			3. 4. Securities Acquired (A) of Transaction Disposed Of (D) (Instr. 3, 4				and 5) Securities Beneficially			6. Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				(Month/Day/	//Year) if any		Code (Instr.		Disposed Of (D) (Instr. 3, 4					cially (D)		(D) or Indirect (I) (Instr. 4)			
				(Monti		h/Day/Year)		8)						Reported				(I) (IN 	
							Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)						
Common Stock 11/11/2				11/11/20	024			s 3,000 D \$		\$145	5.415	45,173			D				
		Tal	الماد	- Dorivati	vo Sc	ocurit	ios /	\cai	iirod	Dier	ocod of	or Bo	nofici	ally (	Jwno	۸ 		,	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction	3A. D	eemed	4.		5. Nu	mber	6. Dat	e Exer	cisable and	7. Title	e and	8. P	rice of	9. Number	of '	10.	11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any		Transa Code (			ative	Expiration Date			Amount of Securities			ivative urity	derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3) Price of (Month/I		h/Day/Year)	8)			Securities		(Month/Day/Tear)			Underlying		tr. 5)	Beneficially		Direct (D)	Ownership		
	Derivative Security						Acquired (A) or					Derivative Security (Inst		.		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)
								Disposed of (D)					4)			Reported Transaction	n(s)		
						(Instr. 3, 4 and 5)								(Instr. 4)					
													Amoun	t					
													or Numbe	,					
					Code	<sub>v</sub>	(A)	(D)	Date	isable	Expiration Date	Title	of Shares						
Evalenstic					Soue		(^,	(0)	LAGIC	isabie	Date	Title	Silaies						

**Explanation of Responses:** 

Remarks:

\s\ Alberto de Cardenas For:
Robert Campbell

11/13/2024

\*\* 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.