FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB AP	PROVAL
OMB Number:	3235-0287

	Check this box if no longer subject to
a	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

OMB APF	PROVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per respons	e: 0.5						

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.

1(0). 36	ee Instruction 1	0.																	
1. Name and Address of Reporting Person*  Campbell C Robert						2. Issuer Name and Ticker or Trading Symbol MASTEC INC [ MTZ ]						(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Campoen C Robert</u>													V	☑ Director 10 <sup>o</sup>				vner	
(Last) 4145 PIN	(Fir		3. Date of Earliest Transaction (Month/Day/Year) 08/15/2024								Officer (give title Other (specify below) below)								
(Street) CORAL GABLES	FI	4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person								
(City)	(St	ate) (Z	Zip)																
		Table	I - Nor	n-Deriva	tive \$	Secu	rities	s Acq	uired,	Dis	posed of	, or E	Bene	ficial	y Own	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					asaction 2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code ( 8)						Benefic Owned	ties cially I Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) (D)	or	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(instr. 4)
Common	Stock			08/15/	2024			A		448	A	4	\$ <mark>0</mark>	5	51,173		D		
		Tal									osed of, o				Owne	d			
Security or Exercise (Month/Day/Year) if any		med on Date, Day/Year)	Code (Instr.		of Deri Secu Acqu (A) o Disp of (D	osed )) r. 3, 4	6. Date Exerci Expiration Da (Month/Day/Y		te	Amount		D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Natur of Indirec Beneficia Ownersh (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amo or Num of Shar	nber					

**Explanation of Responses:** 

Remarks:

\s\ Alberto de Cardenas For: Robert Campbell

08/19/2024

\*\* 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.