## Edgar Filing: MUELLER INDUSTRIES INC - Form 4

| MUELLER<br>Form 4<br>April 29, 201   | INDUSTRIES I   | NC  |  |  |                                       |                 |                     |  |   |                          |  |
|--|--|---|--|--|---------------------------------------|-----------------|---------------------|--|---|--------------------------|--|
| FORM   | <b>14</b> UNITED   | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section |  |  |                                       |                 |                     |  |   |                          |  |
| Check th<br>if no long<br>subject to<br>Section 1<br>Form 4 o<br>Form 5<br>obligatio<br>may cont<br><i>See</i> Instru<br>1(b). | ger <b>STATE</b><br>6.<br>r<br>Filed pu<br>ns Section 17 |   |  |  |                                       |                 |                     |  |   |                          |  |
| (Print or Type I   | Responses)   |   |  |  |                                       |                 |                     |  |   |                          |  |
| 1. Name and Address of Reporting Person <u>*</u><br>HANSEN JOHN B  |  |   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>MUELLER INDUSTRIES INC<br>[MLI] |  |                                       |                 |                     | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)  |   |                          |  |
| (Last) (First) (Middle)<br>8285 TOURNAMENT DRIVE<br>SUITE 150  |  |   | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>04/28/2015                        |  |                                       |                 |                     | X_ Director10% Owner<br>Officer (give titleOther (specify<br>below)below)  |   |                          |  |
|  |  |   | 4. If Amendment, Date Original<br>Filed(Month/Day/Year)                                  |  |                                       |                 |                     | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting |   |                          |  |
| (City)   | (State)  | (Zip)   | Tahl   | le I - Non-F                                     | )erivative                            | Secu            | rities A ca         | Person<br>uired, Disposed of   | or Beneficial   | ly Owned                 |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Dat<br>(Month/Day/Year)                   | Execution<br>any  | ned  | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V | 4. Securi<br>n(A) or Di<br>(Instr. 3, | ties A<br>spose | cquired<br>d of (D) | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                               | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect |  |
| Common<br>Stock  | 04/28/2015   |   |  | S  | 2,000                                 | D               | \$<br>36.536        | 22,000   | Ι   | See footnote. $(1)$      |  |
| Common<br>Stock  |  |   |  |  |                                       |                 |                     | 51,607   | D   |                          |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 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 Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amou<br>Under<br>Secur | rlying                                 | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu:<br>Bene<br>Own<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---------------------------------------|---|---------------------|--------------------|------------------------|--|---|--|
|   |   |   | Code V                                | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title                  | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address                                    |            | Relationships |         |       |  |  |  |  |
|---|------------|---------------|---------|-------|--|--|--|--|
| 1   | Director   | 10% Owner     | Officer | Other |  |  |  |  |
| HANSEN JOHN B<br>8285 TOURNAMENT DRIVE SUITE<br>MEMPHIS, TN 38125 | 150 X      |               |         |       |  |  |  |  |
| Signatures  |            |               |         |       |  |  |  |  |
| Anthony Steinriede,<br>Attorney-In-Fact                           | 04/29/2015 |               |         |       |  |  |  |  |
| **Signature of Reporting Person                                   | Date       |               |         |       |  |  |  |  |
| <b>Explanation of Respor</b>                                      | ISES.      |               |         |       |  |  |  |  |

## Explanation of Responses:

\* 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).

(1) Represents 22,000 owned by a trust where his wife and children serve as beneficiaries.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.