Edgar Filing: MOHAWK INDUSTRIES INC - Form 4

| MOHAWK Form 4 January 06, FORN | ЛЛ | | SECU | | | CILA | NCE C | OMMISSION | OMB AP OMB | PROVAL | |
|---|---|--|--------|--|----------------|------------------------|--------------|---|---|---|--|
| Check th | UNITED | Washington, D.C. 20549 | | | | | | | | 3235-0287 | |
| if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr | section 17(| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section | | | | | | | Expires:January 31, 2005Estimated average burden hours per response0.5 | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| ILL RICHARD C Syn | | | Symbol | r Name and WK IND | | | - | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | [MHK] | | | | | (Check all applicable) | | | | | |
| | | | | th/Day/Year) | | | | X_Director10% Owner Officer (give titleOther (specify below) below) | | | |
| Filed(Mor | | | | nendment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| | N, GA 30703 | | | | | | | Person | ore than one kep | Jorting | |
| (City) | | (Zip) | | | Derivative | Secu | rities Acqu | iired, Disposed of, | or Beneficiall | - | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution any | | 3. Transactic Code (Instr. 8) Code V | (Instr. 3, | (A) or | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 01/02/2015 | | | A | 588 <u>(1)</u> | | \$ 0 | 4,724 | D | | |
| Common Stock | 01/02/2015 | | | A | 285 | А | \$ 154.57 | 5,009 | 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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | | |
|---|-----------|---------------|-------------|--|--|--|--|--|--|
| FB - 0.111 | Director | 10% Owner | Officer Oth | | | | | | |
| ILL RICHARD C 160 SOUTH INDUSTRIA P.O. BOX 12069 CALHOUN, GA 30703 | L BLVD. | X | | | | | | | |
| Signatures | | | | | | | | | |
| RICHARD ILL | 01/06/201 | 5 | | | | | | | |
| <u>**</u> Signature of Reporting Person | Date | | | | | | | | |
| | | | | | | | | | |

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) Restricted stock units that will vest 1/3 each year for 3 years.

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.