FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

| Name and Address of Reporting Person* BENATAR LEO | | | | | | 2. Issuer Name and Ticker or Trading Symbol MOHAWK INDUSTRIES INC [MHK] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|--|--|--------------|--|--------------------------------|---|-----|--------|--|--------|---|---|--|---|--|--|---|--|--|
| (Last) | ` | (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2006 | | | | | | | | Offic | fficer (give title elow) | | Other (specify below) | | |
| 160 SOUTH INDUSTRIAL BLVD. P.O. BOX 12069 | | | | | 4. If a | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | treet) CALHOUN GA 30703 | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | Year) i | Execution Date, | | | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 a | | nd Secu Bene Owne | 5. Amount of Securities Beneficially Owned Following | | vnership n: Direct r ect (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Repo Trans | | (Instr | r. 4) | (Instr. 4) | |
| Common | 06 | | | M | | 2,250 | A | \$13.4 | 167 | 10,199 | | D | | | | | | | |
| Common Stock 03/08/200 | | | | | |)6 | | S | | 2,250 | D | \$87. | 08 | 7,949 | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Executif any | Deemed ution Date, / th/Day/Year) | 4. Transactio Code (Inst | | | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | 1 | | | | | |
| Non- Qualified Stock Option (right to buy) | \$13.4167 | 03/08/2006 | | | M | | | 2,250 | 01/01/199 | 8(1) | 01/01/2007 | Common Stock | 2,250 | \$0 | 0 | | D | | |

Explanation of Responses:

1. SHARES ARE EXERCISABLE ONE YEAR AFTER DATE OF GRANT AT 20% PER YEAR.

<u>LEO BENATAR</u>

03/09/2006

** 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.