

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

1. Name and Address of Reporting Person* KOLB DAVID L (Last) (First) (Middle) 160 SOUTH INDUSTRIAL BLVD. P.O. BOX 12069 (Street) CALHOUN GA 30703 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol MOHAWK INDUSTRIES INC [MHK]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 09/10/2009	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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)
			Code	V	Amount	(A) or (D)	Price			

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exercisable	Expiration Date						Title
Call Option (obligation to sell)	\$60	09/10/2009		S/K ⁽¹⁾	100,000		06/11/2010	06/11/2010	Common Stock	100,000	\$3.76	100,000	D	
Put Option (right to sell)	\$40	09/10/2009		P/K ⁽¹⁾	100,000		06/11/2010	06/11/2010	Common Stock	100,000	\$4.3	100,000	D	

Explanation of Responses:

1. The reporting person entered into a "zero cost collar" arrangement pursuant to which he wrote a covered call option and purchased a put option. Only one of these options can be in the money on the expiration date at which time the in the money option will be exercised (and settled for cash) and the other option will expire. If neither option is in the money on the expiration date, both options will expire. The reporting person has remitted to the issuer a \$27,000 profit resulting from the match of (i) the deemed sale of 100,000 shares resulting from the establishment of these put and call options (at a market price per share as of September 10, 2009 of \$49.54), with (ii) the deemed repurchase of 100,000 shares resulting from the cash settlement of a prior zero-cost collar arrangement (at a market price per share as of August 27, 2009 of \$49.27) as reported on his Form 4 filed August 28, 2009.

DAVID L. KOLB

09/14/2009

** 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.