FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

Check this box if no longer subject to 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

					_		. ,															
	d Address of		2. Issuer Name and Ticker or Trading Symbol MOHAWK INDUSTRIES INC [MHK]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Carson	<u>Brian</u>				1-11	MINITED TO EMILE IN INC.										Direc	ctor	1	.0% C	wner		
,		-										X Office below		er (give title v)		Other (specify below)						
(Last)	(Fi		3. Date of Earliest Transaction (Month/Day/Year)											President-Flooring NA		NΔ						
160 SOU	TH INDUS	103/	03/05/2018											i resident-i	i looring i	. 12 1						
PO BOX	7 12069																					
P.O. BOX 12069							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
-					- 4. "	4. II Amenument, Date of Original Filed (Month/Day/Year)									Line)							
(Street)																X Form filed by One Reporting Person						
CALHO	JN G	A 3	30703												Form filed by More than One Reporting							
					-											Person						
(City)	(St	ate) (Zip)																			
(9)		(
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3) 2. Transac										3. 4. Securities Acquired (A)								6. Owners		7. Nature		
				Date (Month/	lDavIVa	Execution Date, ay/Year) if any				Transaction Disposed Of (D) (Instr. Code (Instr. 5)			O) (Instr.	3, 4 a					Form: Direct (D) or Indirect	of Indirect Beneficial		
(Monthib						(Month/Day/Year)							Owned		l Following		l) (Instr. 4)	Ownership				
										Code V Amount		(A) or Dri			Repor		ted action(s)			(Instr. 4)		
								۱v	Amount	- [(D) Pric				3 and 4)							
Common Stock 03/05									A		4,829	9	A \$0		0.0 21,564		D					
		_											_									
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
(e.g., pato, cano, warranto, optiono, convertible occurrites)																						
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deeme Execution		4. Transaction					Date Exercisable and Expiration Date			7. Title and Amount of			ice of ative	9. Number o derivative		10. Ownership	11. Nature of Indirect		
Security	or Exercise	(Month/Day/Year)	if any	Date,	Code (r. Derivative (I Securities		(Month/D			Securities			Security		Securities	Form:	Silib	Beneficial		
(Instr. 3)	Price of		(Month/Da	y/Year)	8)							Underlying			(Instr. 5)		Beneficially	Direct or Indi		Ownership		
	Derivative Security						Acquired (A) or			Derivative Security (Instr.				str. 3	3		Owned Following	(I) (Ins		(Instr. 4)		
" '							Disposed			and 4)			nd 4) ` `				Reported		["` ']			
							of (D) (Instr. 3, 4 and 5)										Transaction (Instr. 4)	(s)	' [
																(
			İ									Amo	ount									
												or										
							١,	Date	١,	Expiration		Nun	nber									
				Code	v	(A)		Exercisal		Date	Title		res									

Explanation of Responses:

By: /s/Christi Scarbro,

Attorney-in-Fact For: Brian M 03/07/2018

Carson

** 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.