SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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* 2. Date of Eve Lucke James T Requiring State (Month/Day/Yee) (Month/Day/Yee)				ment	3. Issuer Name and Ticker or Trading Symbol MOHAWK INDUSTRIES INC [MHK]				
(Last) 160 SOUTH 1 P.O. BOX 120 (Street) CALHOUN (City)		(Middle)	05/16/2007		I. Relationship of Reporting Pers Check all applicable) Director Officer (give title below) ATTORNE	10% Own Other (spe below)	er 6. Ir	nth/Day/Year) ndividual or Join licable Line) Form filed b Person	Date of Original Filed It/Group Filing (Check by One Reporting by More than One Person
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)					Amount of Securities eneficially Owned (Instr. 4)			. Nature of Indirect Beneficial Ownership Instr. 5)	
Common Stock					2,202	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
			ite	3. Title and Amount of Secur Underlying Derivative Secur 4)		4. Conversion or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Expiration Date	Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

JAMES LUCKE

** Signature of Reporting Person Date

05/17/2007

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 5 (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.