FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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).

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* BRUCKMANN BRUCE | | | | | | 2. Issuer Name and Ticker or Trading Symbol MOHAWK INDUSTRIES INC [MHK] | | | | | | | | | 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) 11/10/2004 | | | | | | | | | | er (give title v) | 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) CALHOUN GA 30703 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | 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 | | | | Exed if an | ıy | ution Date, | | 3. Transactio Code (Ins 8) | | | | | str. 3, 4 and Se Be Ov | | | Ownership Form: Direct (D) or | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | С | Code V | | Amount | : | (A) or (D) | Price | | | Indirect (I) (Instr. 4) | | | |
| Common Stock 11/10/2004 | | | | | | | | M | | 2,250 |) | Α | \$12.166 | 7 : | 2,506 | D | | | |
| Common | Stock | 11/10/2004 | | | | | S | | 2,250 |) | D | \$87.5 | | 256 | D | | | | |
| Common Stock | | | | | | | | | | | | | | 20 | 51,500 | I | Fam.Ltd.Partnership | | |
| | 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/Yea | 3A. Deemed Execution Dat if any (Month/Day/Yo | . c | ransaction Node (Instr. o D D S A (// D D O (I) | | of Der Sec Acq (A) Disp of (I | umber | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title ar Amount of Securities Underlyin Derivative Security (and 4) | of s ng | 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) | |
| | | | | | Code | de V (A | | (D) | Date Exe | e rcisable | Exp Date | oiration e | Title | Amount or Number of Shares | | | | | |
| Non- Qualified Stock Option (right to buy) | \$12.1667 | 11/10/2004 | | | M | | | 2,250 | 01/0 | 1/1996 ⁽¹⁾ | 01/0 | 01/2005 | Common Stock | 2,250 | \$0 | 0 | D | | |

Explanation of Responses:

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

BRUCE C. BRUCKMANN 11/22/2004

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).