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 Ad Brunk Jam	•	R	. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol MOHAWK INDUSTRIES INC [ MHK ]					
(Last) (First) (Middle)			04/27/2009		4. Relationship of Reporting Pe (Check all applicable)	. ,		5. If Amendment, Date of Original Filed (Month/Day/Year)		
160 SOUTH INDUSTRIAL BLVD. P.O. BOX 12069  (Street) CALHOUN GA 30703					X Director X Officer (give title below) Corporate Controlle	10% Owner Other (specify below) er and CAO		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)								
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					2,149	D				
Common Stock					185	I		by Managed Account		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secu Underlying Derivative Secu 4)		4. Convers or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Exercise Price of Derivativ Security	or Indirect /e (I) (Instr. 5)		

Explanation of Responses:

JAMES BRUNK

05/01/2009

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).