FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

| Name and Address of Reporting Person* Onorato Joseph A. | | | . Date of Event Requiring Stater Month/Day/Yea | ment | 3. Issuer Name and Ticker or Trading Symbol MOHAWK INDUSTRIES INC [MHK] | | | | | | |
|--|---|----------|--|--------------------|---|--|---|---------------------------------------|---|---|---|
| (Last) 160 SOUTH I P.O. BOX 120 (Street) CALHOUN (City) | (First) NDUSTRIAL I 1069 GA (State) | (Middle) | 02/20/2008 | ´ 4 | | tionship of Reporting Pers all applicable) Director Officer (give title below) | son(s) to Issu 10% Owne Other (spe below) | er | (Mon | th/Day/Year) dividual or Join cable Line) Form filed b Person | t/Group Filing (Check y One Reporting y More than One erson |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | 2. Amount of Securities Beneficially Owned (Instr. 4) | | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| 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) | | d 3. Title and Amount of Secur Underlying Derivative Secur 4) | | | 4. Convers | | 5. Ownership Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
| | | | Date Exercisable | Expiration Date | Title | | Amount or Number of Shares | Exercise Price of Derivative Security | | Direct (D) or Indirect (I) (Instr. 5) | |

Explanation of Responses:

No securities are beneficially owned.

JOSEPH A. ONORATO

02/21/2008

** 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 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).