FORM 4

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

| OMB APPROVAL | | | | | | |
|---------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average b | urden | | | | | |
| 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 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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | | | | |
|---|---|--------------------------------------|---|--|---------------|-------|--------------------|---|---|------------------------|-----------------------|--|---|--------------------------|----------------------------------|--------------|------------------|-----|
| 1. Name and Address of Reporting Person *- GLADSTEIN GARY S | | | | 2. Issuer Name and Ticker or Trading Symbol MUELLER INDUSTRIES INC [MLI] | | | | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) SOROS FUND MANAGEMENT LLC, 888 SEVENTH AVE 3300 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2012 | | | | | | | | - | Of | ficer (give | title below) | Oth | er (specify belo | ow) |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| NEW YO | ORK, NY | (State) | (Zip) | | | | | | | | | | | | | | | |
| | | (State) | | | | | Table | e I - Non-D | eriva | ative S | Securiti | es Acquir | red, Di | sposed | of, or Bene | ficially Own | ed | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if) any (Month/Day/Year) | | Code (Inst | | (A) or Disposed of | | Owned Follo Transaction(| | d Follov action(s) | / | | 6. Ownership Form: | 7. Nature of Indirect Beneficial | | | |
| | | | | | | ode V | Amount (A) or | | Price | or Indire | | Direct (D) or Indirect (I) (Instr. 4) | | | | | | |
| Common Stock 05/01/20 | | 05/01/2012 | | | N | М | 2,0 | 000 | A | \$ 33.345 | 31,736 | | | D | | | | |
| | | | Table II - | | | | | displ | lays | a cur | or Ben | valid ON | ИВ со | ntrol n | unless the umber. | orm : | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, if Transaction of Code Derivative (Month/Day/Year) | | | | | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Ownershi (Instr. 4) D) | | | | | | | | |
| | | | | Code | V | (A) | (D) | Date Exercisabl | le | Expira Date | ation | Title | o: N o: | Vumber | | | | |
| Stock Option (Right to Buy) | \$ 33.345 | 05/01/2012 | | М | | | 2,000 | 05/03/20 | 007 | 05/03 | 3/2012 | 2 Comm Stoc | non | 2,000 | \$ 0 | 0 | D | |

Reporting Owners

| | Relationships | | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| GLADSTEIN GARY S SOROS FUND MANAGEMENT LLC 888 SEVENTH AVE 3300 NEW YORK, NY 10106 | X | | | | | | | |

Signatures

| /s/ Anthony Steinriede, Attorney-in-Fact | 05/02/2012 |
|--|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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).

 $Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, {\it see} \ Instruction 6 for procedure. \\$

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.