### FORM 4

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

OMB APPROV	/AL					
OMB Number:	3235-0287					
Estimated average burden						
nours 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 Type Responses)  1. Name and Address of Reporting Person * GOLDMAN SCOTT JAY				2. Issuer Name and Ticker or Trading Symbol MUELLER INDUSTRIES INC [MLI]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner					
`	(Last) (First) (Middle) 8285 TOURNAMENT DRIVE, SUITE 150			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2013								Officer (give title below) Other (specify below)				
(Street)											6. Individual or Joint/Group Filing(Check Applicable Line)  X_Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(Cit	IS, TN 38	(State)	(Zip)	Table I - Non-Derivative Securities Acq				ies Acquire	uired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	Executi any		(Instr. 8)		4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)		quired 5. O C T	. Amount of Owned Follov Transaction(s)	f Securities Beneficially wing Reported s)		6. Ownership Form:	Beneficial	
				(Month	/Day/	Year)	Code	VA	mount	(A) or (D)	Price	or Indi (I)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock		05/22/2013				M	2	,000	A	\$ 36.94 4	4,017 D		D		
Common	Stock		05/22/2013				F	1	372		\$ 53.835 2	2,645			D	
Reminder:	Report on a s	separate line for each	n class of securities l	beneficia	ılly ow	vned o	directly or	Person in this	s who form a	re not	required t	collection of the collection o	unless the		ned SEC	1474 (9-02
1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date	Table II -  3A. Deemed Execution Date, if any	Derivat (e.g., pu 4. Transac Code	tive Souts, ca	ecurit ills, w 5. Num of Derive	ties Acquirarrants, o	Person in this display	s who form a s a cu osed of, nvertile cisable a ate	re not rrently , or Ben ble secu	required to valid OMI reficially Overities)  7. Title a of Under Securitie	orespond B control n wned and Amount clying	8. Price of Derivative Security	9. Number Derivative Securities	of 10. Owners Form o	11. Na of Ind Benefi
1. Title of Derivative	2. Conversion	3. Transaction Date	Table II - 3A. Deemed Execution Date, if	Derivat (e.g., pu 4. Transac Code	tive Souts, ca	ecurit Ills, w 5. Nur of	tites Acquirarrants, of mber 6. I. Exp (Moities fired r ssed ) . 3, 4,	Person in this display red, Dispetions, co	s who form a s a cu osed of, nvertile cisable a ate	re not rrently , or Ben ble secu	required to valid OM!  reficially Overities)  7. Title a of Under	orespond B control n wned and Amount clying	8. Price of Derivative	9. Number Derivative	of 10. Owners Form of Derivat Security Direct ( or Indir	Owner (Instr. D)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II -  3A. Deemed Execution Date, if any	Derivat (e.g., pu 4. Transac Code	tive Souts, ca	ecuritills, work of Derivice Security Acquired (A) on Disposor of (D) (Instr. and 5)	ties Acquir arrants, of mber 6. I Exp ative (Mo ities ired r r ssed )	Person in this display red, Disp ptions, co late Exer- piration D onth/Day/	s who form a s a cu osed of, nvertile cisable cate Year)	re not irrently, or Ben ble securand	required to valid OMI reficially Overities)  7. Title a of Under Securitie	orespond B control n wned and Amount clying	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form of Derivat Security Direct ( or Indir (s) (I)	11. Na of Indi Benefi Owner (Instr.

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
GOLDMAN SCOTT JAY 8285 TOURNAMENT DRIVE, SUITE 150 MEMPHIS, TN 38125	X					

## **Signatures**

Anthony Steinriede, Attorney-in-Fact	05/24/2013
**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.