FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

| | pe Responses | s) | | | | | | | | | | | |
|-------------------------------------------------------------|--------------|----|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------|-------------------------|--------------------------|------------------------------------------------|-------------------------|
| 1. Name and Address of Reporting Person* Steinriede Anthony | | | 2. Issuer Name and Ticker or Trading Symbol MUELLER INDUSTRIES INC [MLI] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| (Last) (First) (Middle) 5453 SOUTH ANGELA ROAD (Street) | | | Date of Earliest Transaction (Month/Day/Year) 02/09/2021 If Amendment, Date Original Filed(Month/Day/Year) | | | | X Officer (give title below) Other (specify below) VP - Corporate Controller 6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | | | | | | | | | | MEMPH (City | IIS, TN 38 | (State) |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | 3. Transac Code (Instr. 8) | tion 4. Se (A) (| | | Reported Transaction(s) | | ies Following n(s) | 6. Ownership Form: | Beneficial |
| | | | | (Month/Day/Year) | Code | V Amo | (A) or (D) | Price | (Instr. 3 a | and 4) | | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Commor | Stock | | 02/09/2021 | | S | 2,50 | 0 D | \$ 37.75 | 17,948 | | | D | |
| | | | | | | | | | re not reau | | formation spond unle | | 1474 (9-02) |
| | | | | Derivative Securiti | ies Acquire | containe the form d, Dispos | l in this i displays d of, or B | form ar a curre Beneficia | ently valid | uired to res OMB con | spond unle trol numbe | ss | 1171 (2 92) |

Reporting Owners

| | Relationships | | | | |
|-------------------------------------------------------------------|---------------|--------------|---------------------------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Steinriede Anthony 5453 SOUTH ANGELA ROAD MEMPHIS, TN 38120 | | | VP - Corporate Controller | | |

Signatures

| /s/ Anthony Steinriede | 02/09/2021 | |
|---------------------------------|------------|--|
| **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, 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.