FORM 4

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

OMB APPR	OVAL
OMB Number:	3235-0287
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nours per response	e 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

	e 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_ Director					
(Last) (First) (Middle) 3541 CORDOVA DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 02/18/2021						Office	r (give title belo	ow)	Other (specify	below)
(Street) CALABASAS, CA 91302			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						
(City)	,	(State)	(Zip)	Та	ıble I - No	n-Der	ivative S	Securities	Acqui	ired, Dispo	osed of, or I	Beneficially	Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Reported Transaction(s)			Ownership Form:	Beneficial	
				(Month/Day/Year)	Code	V	Amount	(A) or t (D)	Price	or Ir (I)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common S	Stock		02/18/2021		S		400		\$ 37.05	14,800		D		
Common S	Stock		02/18/2021		P		400		\$ 37.07	15,200			D	
Reminder: R	eport on a s	eparate line fo	or each class of secur	ities beneficially ov	vned direc	Pers	ons wh	o respo		not requ	ction of inf			1474 (9-02)
				Derivative Securiti (e.g., puts, calls, wa		the f	form dis	splays a of, or Ben	currer reficial		OMB conf	trol numbe		

Reporting Owners

P (0 N /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
GOLDMAN SCOTT JAY 3541 CORDOVA DRIVE CALABASAS, CA 91302	X				

Signatures

Anthony Steinriede, Attorney-in-Fact	02/22/2021
**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.