## FORM 4

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

| OMB APPR           | ROVAL     |
|--------------------|-----------|
| OMB Number:        | 3235-0287 |
| Estimated average  | burden    |
| houre nor reenonee | 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* HANSEN JOHN B                           |             |  |   | 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 10% Owner   |  |  |                 |   |
| (Last) (First) (Middle)<br>6901 MURRAY AVE, UNIT 106                             |             |  |   | 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2021              |          |                                      |  |   |               |  | _   | Officer (give   | title below)                           | Othe   | r (specify belo | w)  |
| (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 |   |  |  |                 |   |
| CINCINNATI, OH 45227 (City) (State) (Zip)  |             |  |   |  |          |                                      |  |   |               |  |   |   |  |  |                 |   |
| 1.Title of Security<br>(Instr. 3)  |             | 2. Transaction<br>Date<br>(Month/Day/Year  | 2A. Deemed<br>Execution Date, i<br>r) (Month/Day/Year |  | if Co    | 3. Transaction<br>Code<br>(Instr. 8) |  | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |               | 5. Amount of Securities Beneficially<br>Owned Following Reported<br>Transaction(s) |   |   | 6.<br>Ownership<br>Form:               | 7. Nature<br>of Indirect<br>Beneficial         |                 |   |
|  |             |  |   | (Mon   | tn/D     | ay/ Ye                               |  | Code V  | Amount        | (A) or (D)   | Price   | (Instr. 3 and 4)  |  | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) |                 | Ownership<br>(Instr. 4)                             |
| Commo  | 1 Stock     |  | 11/17/2021  |  |          |                                      |  | M   | 4,889         | A  | \$<br>28.79 50  | 6,996   |  |  | D               |   |
| Common   | n Stock     |  | 11/17/2021  |  |          |                                      |  | M   | 4,889         | A  | \$ 25.25  | 1,885   |  |  | D               |   |
|  |             |  | Table II  |  |          |                                      |  | Acquired, Dis   | posed of      | f, or Ben  | eficially Ow  |   |  |  |                 |   |
| 1. Title of Derivative Security (Instr. 3) Price of Derivative Security Security |             | nversion Date 3A. Deemed Execution Date, i any (Month/Day/Year) inversion Ce of contributive 3A. Deemed Execution Date, inversion Contribution Contr |   |  |          | 5. N<br>of<br>Deri                   | warra<br>umber<br>vative<br>crities<br>uired | Expiration Date (Instr. 2) (Month/Day/Year)                       |               |  | eficially Owrities) 7. Title and  | Owned  and Amount of long Securities and 4)  8. Price of long Derivative Derivative Security |  |  |                 | n of Benefici<br>vative Ownersh<br>rity: (Instr. 4) |
|  |             |  |   |  |          | of (I                                | r. 3, 4,                                     |   |               |  | Trans   |   | Reported<br>Transaction(<br>(Instr. 4) | or Indir<br>(I)<br>(Instr. 4                   |                 |   |
|  |             |  |   | Code   | v        | (A)                                  | (D)  | Date<br>Exercisable   | Expir<br>Date | ation  | Title   | or<br>Number<br>of Shares   |  |  |                 |   |
|  |             |  |   |  | <u> </u> |                                      |  |   |               |  |   |   |  |  |                 |   |
| Stock<br>Option<br>(Right-<br>to-Buy)  | \$ 28.79    | 11/17/2021   |   | М  |          |                                      | 4,889  | 05/07/201   | 5 05/0        | 7/2025   | Commor<br>Stock   | 4,889.00  | \$ 0                                   | 0  | D               |   |

#### **Reporting Owners**

|  | Relationships |              |         |       |  |  |  |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address                                     | Director      | 10%<br>Owner | Officer | Other |  |  |  |
| HANSEN JOHN B<br>6901 MURRAY AVE, UNIT 106<br>CINCINNATI, OH 45227 | X             |              |         |       |  |  |  |

### **Signatures**

| Anthony Steinriede, Attorney-in-Fact | 11/17/2021 |
|--------------------------------------|------------|
| **Signature of Reporting Person      | Date       |

#### **Explanation of Responses:**

- $\star$  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.