FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
|--------------------------|-----------|
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| affirmative defense of 10b5-1(c). See Instru | | | | | | |
|--|------------|----------------|---|-----------|--|-----------------------|
| Name and Address of Reporting Person* Christopher Gregory L. | | | 2. Issuer Name and Ticker or Trading Symbol MUELLER INDUSTRIES INC [MLI] | | tionship of Reporting Person(all applicable) Director | s) to Issuer |
| (Last) (First) (Middle) 2530 JOHNSON ROAD | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 07/30/2024 | X | Officer (give title below) Chairman of the Box | Other (specify below) |
| (Street) GERMANTOWN (City) | TN (State) | 38139 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | idual or Joint/Group Filing (C Form filed by One Reporti Form filed by More than O | ng Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|------------|---|---|-------|--|---|---------|--|---|---|
| | | Code V Amount (A) or (D) Price | | Price | Transaction(s) (Instr. 3 and 4) | | | | | |
| Common Stock | 07/30/2024 | | A | | 150,000(1) | A | \$0 | 1,418,713 | D | |
| Common Stock | 07/30/2024 | | F | | 154,402 | D | \$69.76 | 1,264,311 | D | |
| Common Stock | | | | | | | | 13,600 | I | by children |
| Common Stock | | | | | | | | 144,520 | I | by trust where he is beneficiary |
| Common Stock | | | | | | | | 140,000 | I | by trust where wife is beneficiary |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (Ir 8) | | Derivative | | Expiration Date (Month/Day/Year) | | d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|---|---------------------------------|---|------------|-----|-------------------------------------|--------------------|--|-------------------------------------|---|--|--|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. These shares will vest on 7/30/2024.

Remarks:

Anthony J. Steinriede, Attorney-

in-Fact

** Signature of Reporting Person

07/31/2024

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* 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.

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