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

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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

| 1. Name and Address of Reporting Person * CORMAN RICHARD W |               |                                  | 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)<br>8285 TOURNAMENT DRIVE SUITE 150 |               |                                  | 3. Date of Earliest Transaction (Month/Day/Year) 11/16/2015              |                                     |                           |                                    |  |  | X Officer (give title below) Other (specify below)  VP - Financial Systems   |  |              |                                      |  |   |
| (Street) MEMPHIS, TN 38125                                 |               |                                  | 4. If Amendment, Date Original Filed(Month/Day/Year)                     |                                     |                           |                                    |  | r)   | 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)  | Table I - Non-Derivative Securities |                           |                                    |  | es Acqu  | equired, Disposed of, or Beneficially Owned  |  |              |                                      |  |   |
| 1.Title of Security<br>(Instr. 3)                          |               | 1                                | 2. Transaction Date (Month/Day/Year)                                     |                                     | (Instr. 8)                |                                    | 4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5) |  | of (D)   | D) Beneficially Owned Following<br>Reported Transaction(s) |              | Following (s)                        | 6.<br>Ownership<br>Form:                                     | Beneficial                                    |
|  |               |                                  |  | (Month/Day/Year                     | Code                      | V                                  | Amount   | (A)<br>or<br>(D)   | Price  | (Instr. 3 and 4)   |              |                                      |  | Ownership<br>(Instr. 4)                       |
| Commor   | Stock         |                                  | 11/16/2015   |                                     | S                         |                                    | 16,673<br>(1)  | D  | \$<br>30.28<br>(2)   | 37,645   |              |                                      | D  |   |
| Reminder:  | Report on a s | separate line for                | each class of secu   | rities beneficially o               | wned direc                | Pers                               | ons wh   | o resp   |  |  | ction of inf |                                      |  | 1474 (9-02)                                   |
| Reminder:  | Report on a s | separate line for                | Table II -   | Derivative Securi                   | ties Acqui                | Pers<br>cont<br>the f              | ons whe  | o resp<br>n this fo<br>splays  | orm are<br>a curre<br>eneficial  | not requesting ntly valid                                  | uired to res | ormation<br>spond unle<br>trol numbe | ss   | 1474 (9-02)                                   |
| 1. Title of  |               | 3. Transaction Date (Month/Day/Y | Table II -  3A. Deemed Execution Date any                                |                                     | ties Acquir<br>arrants, o | Personal the footions  6. Dand (Mo | ons whe  | o resp<br>this for<br>splays a<br>of, or Botible sec<br>cisable<br>on Date | eneficial<br>curities) 7. T<br>Amo   | not requesting ntly valid                                  | OMB conf     | spond unle                           | of 10. Ownersl Form of Derivati Security Direct (I or Indire | 11. Nation of Indir Benefic Owners (Instr. 4) |

|  | Relationships |              |                        |       |  |
|--|---------------|--------------|------------------------|-------|--|
| Reporting Owner Name / Address   | Director      | 10%<br>Owner | Officer                | Other |  |
| CORMAN RICHARD W<br>8285 TOURNAMENT DRIVE SUITE 150<br>MEMPHIS, TN 38125 |               |              | VP - Financial Systems |       |  |

## **Signatures**

| Richard W. Corman               | 11/17/2015 |
|---------------------------------|------------|
| **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).
- (1) This form reflects the sale of shares which may be deemed to be beneficially owned by the Reporting Person on 11/16/15. The sale was effected pursuant to a previously disclosed Rule 10b5-1 trading plan adopted by the Reporting Person on 10/27/15.
- (2) The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$30.10 to \$30.50, inclusive.

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.