MOHAWK INDUSTRIES INC

Form 4

January 05, 2009

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

3235-0287 Number:

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10% Owner

if no longer subject to Section 16. Form 4 or Form 5

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1(b).

(Last)

(City)

1. Name and Address of Reporting Person *

(First)

(State)

MCCURDY LARRY W

2. Issuer Name and Ticker or Trading

Symbol

MOHAWK INDUSTRIES INC

[MHK]

3. Date of Earliest Transaction (Month/Day/Year)

01/01/2009

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

160 SOUTH INDUSTRIAL BLVD., P.O. BOX 12069

> (Street) 4. If Amendment, Date Original

(Middle)

(Zip)

Filed(Month/Day/Year)

Officer (give title Other (specify

6. Individual or Joint/Group Filing(Check Applicable Line)

_X__ Director

X Form filed by One Reporting Person Form filed by More than One Reporting

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

CALHOUN, GA 30703

| - 111-12 111-12 | | | | | ,,,, | | | | | | |
|------------------------|--------------------------------------|-------------------------------|--------------------------------------|---------------------|------|-------------|-------------------------|---------------------------|-----------------------|--|--|
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. 4. Securiti Transaction(A) or Dis | | | | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect | | |
| (Instr. 3) | (| any | Code | (Instr. 3, 4 and 5) | | | Beneficially | (D) or | Beneficial | | |
| | | (Month/Day/Year) | (Instr. 8) | | | | Owned | Indirect (I) | Ownership | | |
| | | | | | | | Following | (Instr. 4) | (Instr. 4) | | |
| | | | | | (A) | | Reported | | | | |
| | | | | | or | | Transaction(s) | | | | |
| | | | Code V | Amount | | Price | (Instr. 3 and 4) | | | | |
| Common Stock | 01/01/2009 | | A | 506 | A | \$ 69.09 | 12,803 | D | | | |
| Common Stock | 01/02/2009 | | A | 1,000 (1) | A | \$ 0 | 13,803 | D | | | |

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

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

| | 1. Title of Derivative | 2. Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if | 4. Transacti | 5. orNumber | 6. Date Exerc Expiration D | | 7. Title Amount | | 8. Price of Derivative | 9. Nu Deriv |
|--------------------------|------------------------|---|--------------------------------------|-------------------------------|-----------------|----------------|-------------------------------|--------------------|--|--|------------------------|---|
| Security of (Instr. 3) P | | or Exercise Price of Derivative Security | (wonth/Day/Teal) | any (Month/Day/Year) | Code (Instr. 8) | of | (Month/Day/Year) ve es d | | Underlying Securities (Instr. 3 and 4) | ying ies | Security (Instr. 5) | Secur Bene Owne Follo Repo Trans (Instr |
| | | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title N | Amount or Number of Shares | | |

Reporting Owners

Relationships Reporting Owner Name / Address

> 10% Owner Officer Other Director

MCCURDY LARRY W 160 SOUTH INDUSTRIAL BLVD. P.O. BOX 12069 CALHOUN, GA 30703

X

Signatures

LARRY W. 01/05/2009 **MCCURDY**

**Signature of Reporting 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) SHARES ARE EXERCISABLE ONE YEAR AFTER DATE OF GRANT AT 20% PER YEAR.

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.

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