KOLB DAVID L Form 5/A

February 14, 2005

FORM 5

OMB APPROVAL

OMB

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

Number: 3235-0362 Expires: January 31, 2005

no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 1.0

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported

Form 4

30(h) of the Investment Company Act of 1940

Transactions Reported

1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer KOLB DAVID L Symbol MOHAWK INDUSTRIES INC (Check all applicable) [MHK] (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) _X_ Director 10% Owner Officer (give title Other (specify (Month/Day/Year) below) below) 12/31/2004 160 SOUTH INDUSTRIAL BLVD., P.O. BOX 12069 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) 02/17/2004

CALHOUN, GAÂ 30703

(State)

(Zip)

(City)

X Form Filed by One Reporting Person ___ Form Filed by More than One Reporting Person

		Tuble 1 1101 2011 unit o Securities Hequited, 2 Especial of the Control of the Co								
1.Title of	2. Transaction Date	n Date 2A. Deemed 3. 4. Securities			5. Amount of	6.	7. Nature of			
Security	(Month/Day/Year)	Execution Date, if	Transaction	Acquired (A) or			Securities	Ownership	Indirect	
(Instr. 3)		any	Code	Disposed of (D)			Beneficially	Form: Direct	Beneficial	
		(Month/Day/Year)	(Instr. 8)	(Instr. 3, 4 and 5)			Owned at end	(D) or	Ownership	
							of Issuer's	Indirect (I)	(Instr. 4)	
				(4)		Fiscal Year	(Instr. 4)			
				(A)		(Instr. 3 and				
				A 4	or (D)	D	4)			
~				Amount	(D)	Price				
Common Stock	12/30/2004	Â	G	2,250	D	\$0	473,969	D	Â	
Common Stock	12/30/2004	Â	G	2,250	A	\$0	2,250	I	Kolb Foundation	

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

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 control number.

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

SEC 2270 (9-02)

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

of D

Is

	1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative
	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)
		Derivative				Securities			(Instr.	3 and 4)	
		Security				Acquired					
						(A) or					
						Disposed					
						of (D)					
						(Instr. 3,					
						4, and 5)					
										A 4	
										Amount	
						Date	Expiration	TP:41	or		
							Exercisable	Date	Title	Number	
						(A) (D)				of	
						(A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

KOLB DAVID L

160 SOUTH INDUSTRIAL BLVD.
P.O. BOX 12069

CALHOUN, GAÂ 30703

Signatures

DAVID L.
KOLB

**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 provided 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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