Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Name and Address of Reporting Person* Coni Claudio | | | | | | 2. Issuer Name and Ticker or Trading Symbol MOHAWK INDUSTRIES INC [MHK] | | | | | | | | | eck all app Direc | licable tor | | rson(s) to Is | vner | |
|--|--|--|--------|------------------------------|---|--|---|-----|--|------|---|--|-----------------------------------|------------------|---|--|--------------------------------------|--|---------------------------------------|--|
| (Last) | Last) (First) (Middle) 60 SOUTH INDUSTRIAL BLVD. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2024 | | | | | | | | | er (give title v) nief Inforn | | Other (s below) n Officer | вреспу | |
| P.O. BOX 12069 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) CALHOUN GA 30703 | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ay/Year) Exec | | Deemed cution Date, ny nth/Day/Year) | | | | ies Acquired (A) Of (D) (Instr. 3, 4 | | | Benefic Owned | ties cially Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | | ed ction(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 02/23/2 | | | | | 2024 | | | | A | | 678(1) | 678 ⁽¹⁾ A | | \$0.0 | 1,928 | | | D | | |
| | 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 | 3. Transaction Date (Month/Day/Year) | if any | med on Date, Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | S | . Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amou or Numb of Share | ber | | | | | | |

Explanation of Responses:

1. Restricted stock units that will vest 1/3 each year for 3 years.

By: /s/Melissa Jackmin, Attorney-in-fact For: Claudio 02/26/2024 Coni

** Signature of Reporting Person 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.