## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

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

Print or Ty	pe Responses	s)															
1. Name and Address of Reporting Person*  Kwong Connie H.					2. Issuer Name and Ticker or Trading Symbol MAXLINEAR INC [MXL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) C/O MAXLINEAR, INC., 5966 LA PLACE COURT, SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 12/02/2020							X Officer (give title below) Other (specify below)  Corporate Controller & PAO					
(Street) CARLSBAD, CA 92008					4. If Amendment, Date Original Filed(Month/Day/Year)							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 Acqui								ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year)			Execu any		on Date, if		4. Securities Acq (A) or Disposed of (Instr. 3, 4 and 5)		of (D)	Beneficial Reported	nt of Securities ally Owned Following Transaction(s)		Form:	7. Nature of Indirect Beneficial			
					(Month/Day/Y		ear)	Code	V	Amour	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock 12/02			12/02/20	020				S		3,000	D	\$ 31	16,968			D	
			Ta					es Acquire rrants, opt					ly Owned				
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	3A. I Exec		e.g., pu	uts, calls, 4. Γransactio Code	wan on N	es Acquire rrants, opt 5. Number of Derivative Securities Acquired	the formations, and H	ained in orm dis sposed	n this for splays a of, or Ben tible secucisable on Date	rm are curre reficial rities) 7. T Amo Und Secu	not requesting ntly valid	OMB conf	9. Number Derivative Securities Beneficially Owned Following	of 10. Owners Form o Derivat Security Direct (	Ownership (Instr. 4)
								A) or Disposed of (D) Instr. 3, 1, and 5)						Reported Transaction(s (Instr. 4)	or Indir (I) (Instr. 4		
						Code V	V	(A) (D)	Date Exerc	cisable	Expiration Date	n Title	Amount or Number of Shares				
Repor	ting O	wners					•										
						Relationships											
Reporting Owner Name / Address Director				Director	10%	10% Officer						Other					

Corporate Controller & PAO

Owner

### **Signatures**

Kwong Connie H. C/O MAXLINEAR, INC.

CARLSBAD, CA 92008

/s/ Connie Kwong	12/03/2020
**Signature of Reporting Person	Date

5966 LA PLACE COURT, SUITE 100

## **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 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.