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 Response	s)																		
1. Name and Address of Reporting Person* LITCHFIELD STEVEN G						2. Issuer Name and Ticker or Trading Symbol MAXLINEAR INC [MXL]								5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O MAXLINEAR, INC., 5966 LA PLACE COURT, SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 09/10/2021							r)		X Officer (give title below) Other (specify below) See remarks						
(Street) CARLSBAD, CA 92008					4. If	4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City)	(State)		(Zip)			Т	able I	- Non	-De	rivative S	Secur	ities A	Acquir	red, Dispo	sed of, or I	Beneficially	Owned		
1.Title of Security (Instr. 3)		Date (Month/Day/Year)							ion	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Followi Reported Transaction(s) (Instr. 3 and 4)		Following	6. Ownership Form:	7. Nature of Indirect Beneficial Ownership		
					(Month/Day/Year)		Coc	le	V	Amount	(A) or (D)	Pi	rice	(msu. 3	and T		\ /	(Instr. 4)		
Common	Stock		09/10/	2021				P ⁽¹	ח		2,320	A	\$ 53.3 (2)	8454	112,009	9		D		
Reminder:	Report on a s	separate line	for each o	Table II -	Deriv	ative Sec	curi	ties Ac	quire	Per con the	sons whatained in form dis	no res n this splay	forr s a c	n are curren	not requ tly valid		ormation spond unle trol numbe	ss	1474 (9-02)	
Security	2. Conversion or Exercise Price of Derivative Security	3. Transacti Date (Month/Day	y/Year) E	3A. Deemed Execution Da	ate, if Transc	4. Transac Code	tion	5. Numb of Deriv Secur Acqui (A) or Dispo of (D) (Instr.	5. 6. Number of (No Derivative Securities Acquired (A) or Disposed		nd Expiration Date Month/Day/Year)			7. Tit Amor Unde Secur	cle and unt of crlying rities : 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form of Derivat Security Direct (or Indir	Benefici Ownersh (Instr. 4)	
						Code	V	(A)	(D)	Dat Exc	te ercisable	Expir Date	ation	Title	or Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
LITCHFIELD STEVEN G C/O MAXLINEAR, INC. 5966 LA PLACE COURT, SUITE 100 CARLSBAD, CA 92008			See remarks				

Signatures

/s/ Connie Kwong, as Attorney-in-Fact	09/10/2021
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) The purchases reported were effected pursuant to a Rule 10b5-1 trading plan adopted on August 2, 2021 by the Reporting Person.
 - Represents the weighted average share price of an aggregate total of 2,320 shares purchased in the price range of \$53.69 to \$54.13 by the Reporting Person. The Reporting
- (2) Person undertakes to provide upon request by the Commission staff, the issuer or a security holder of the issuer, full information regarding the number of shares purchased at each separate price.

Remarks:

Chief Financial Officer and Chief Corporate Strategy Officer

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.