FORM 4

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

OMB APPROVAL						
MB Number:	3235-0287					
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ours per response 0.						

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 Typ	e Responses	s)														
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) Director 10% Owner					
(Last) (First) (Middle) C/O MAXLINEAR, INC., 5966 LA PLACE COURT, SUITE 100				Date of Earliest Transaction (Month/Day/Year) 02/13/2017 4. If Amendment, Date Original Filed(Month/Day/Year)							X Officer (give title below) Other (specify below) Corporate Controller & PAO 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Street)																
(City)		(State)	(Zip)			Table	I - N	on-Deriva	tive Securiti	es Acqui				neficially Ow		
1.Title of Security 2. Transaction (Instr. 3) Date			any	Deemed 3. Transcrution Date, if Code		4. Securities Ac (A) or Disposed		5. Amount o d of (D) Beneficially Reported Tra (Instr. 3 and			of Securities Owned Following ansaction(s)		Ownership of Eorm: EDirect (D)	Nature of Indirect Beneficial Ownership Instr. 4)		
Reminder: R	Report on a so	eparate line for ea		Derivative	Secu	rities A	cqui	Persons contain form dis	s who resp	orm are rrently eneficially	not valid	require I OMB	ed to respo	ond unless		474 (9-02)
1. Title of Derivative Security (Instr. 3) Price of Derivativ Security			3A. Deemed Execution Date	4. Transaction Code (Instr. 8)		5. Nun	nber tive ties red	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Care Control of the C		7. Title Amoun Underly Securiti	Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownershi Form of Derivative Security: Direct (D or Indirect	Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisab	Expiration Date	Title	1	Amount or Number of Shares				
Restricted Stock Units	(1)	02/13/2017		A		3,739		(2)	(2)	Class Comm Stoc (par valu \$0.000	non k r ie	3,739	\$ 0	3,739	D	
Repor	ting O	wners														
Repor	ting Owner	Name / Address	Director 10	0% Owner		elations	hips		Oth	or						

Reporting Owner Name / Address	Relationships						
reporting 6 wher Fund 635	Director 10% Owner Officer		Officer	Other			
Kwong Connie H. C/O MAXLINEAR, INC. 5966 LA PLACE COURT, SUITE 100 CARLSBAD, CA 92008			Corporate Controller & PAO				

Signatures

/s/ Adam Spice, as Attorney-in-Fact	02/15/2017
**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) Each restricted stock unit ("RSU") represents a contingent right to receive one share of MaxLinear, Inc. Class A Common Stock.
- Subject to the Reporting Person's continuing to be a Service Provider (as defined in the 2010 Equity Incentive Plan) through each applicable vesting date, the restricted stock units (2) ("RSUs") subject to the award will vest as follows: one-sixteenth (1/16th) of the RSUs will vest on May 20, 2017, and one-sixteenth (1/16th) of the RSUs subject will vest on each August 20, November 20, February 20 and May 20 thereafter, such that the award will be fully vested on February 20, 2021.

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.