# FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0	287				
Estimated average burden						
nours per response	э	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	es)														
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 X Officer (give title below) Corporate Controller & PAO						
(Last) (First) (Middle) C/O MAXLINEAR, INC., 5966 LA PLACE COURT, SUITE 100				3. Date of Earliest Transaction (Month/Day/Year) 02/17/2017												
(Street)				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					
CARLSE	BAD, CA 92	2008										Form file	d by More than	One Reporting	Person	
(City	·)	(State)	(Z	Lip)		Tab	ole I - Non-	Deri	vative S	ecuritie	s Acqu	ired, Disp	osed of, or	Beneficially	Owned	
1.Title of S (Instr. 3)	Security		2. Transa Date (Month/I	oction Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	(Instr. 8)	ction	(A) or I (D)	rities Ac Disposed	d of	Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership	
							Code	V	Amoun	(A) or t (D)	Price		(I			(Instr. 4)
Class A Covalue \$0.	Common St 0001)	tock (par	02/17/2	017			A		1,057 (1)	A	\$ 0	1,518			D	
Class A Covalue \$0.	Common St 0001)	tock (par	02/17/2	017			F		462	D	\$ 26.64	1,056			D	
Reminder: indirectly.	Report on a	separate line f	for each cla	ass of secu	urities benef	icially o		Pers	ons wh					formation		EC 1474 (9- 02)
			T		Derivative S		es Acquire	the f d, Di	orm dis	splays of, or Bo	a curre	ently valid	d OMB cor	ntrol numb		,
1. Title of Derivative Security (Instr. 3)	Conversion	erivative		Deemed ecution Day	4. Trans Code Year) (Instr	saction :. 8)	of	and	ate Exercisable Expiration Dat nth/Day/Year)		e Amo Und Secu	Title and ount of derlying urities tr. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownersh Form of Derivativ Security: Direct (Dor Indirect)	Ownershi (Instr. 4)
					Cod	le V	(A) (D)	Date Exe	e rcisable	Expirati Date	ion Titl	Amount or e Number of Shares				
Repor	ting O	wners														
		. NT / 4				Re	elationship	s				]				
Repo	rting Owner	· Name / Add	iress	Director	10% Owner Officer						Other					
Kwong C	Connie H.															

## **Signatures**

C/O MAXLINEAR, INC.

CARLSBAD, CA 92008

5966 LA PLACE COURT, SUITE 100

/s/ Adam Spice, as Attorney-in-Fact	02/21/2017
**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).
- Represents shares of Class A Common Stock issued to the reporting person for the second half 2016 performance period under the Company's Executive Incentive Bonus (1) Plan (the "Bonus Plan"). All shares were issued pursuant to the Company's 2010 Equity Incentive Plan. Grant amounts were determined based on the award amount earned

Corporate Controller & PAO

under the Bonus Plan and the closing price of the Company's Class A Common Stock in trading on the New York Stock Exchange on February 17, 2017.

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.