FORM 4	4
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Check this box if no
longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

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

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02)

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 Type Response	es)										
1. Name and Address o Bollesen Michael	2. Issuer Name an MAXLINEAR I			ading Syr	nbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) C/O MAXLINEAR, COURT, SUITE 10	3. Date of Earliest Transaction (Month/Day/Year) 02/22/2019						X Officer (give title below) Other (specify below) Vice President of Sales				
CARLSBAD, CA 9		4. If Amendment, I	Date Origir	nal Fi	iled(Month	/Day/Yea	r)	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)	Tab	le I - Non-l	Deri	vative Se	red, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)		Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		lof	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
				Code	v	Amount	(A) or (D)	Price		or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock		02/22/2019		А		2,048 (1)	А	\$ 0	2,048	D	
Common Stock		02/22/2019		F		837	D	\$ 23.63	1,211	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Nu	mber	6. Date Exer	rcisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	of		and Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		Deriv	ative	e (Month/Day/Year)		Underlying		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Secur	ities			Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative			1		Acqu	ired			(Insti	: 3 and		Owned	Security:	(Instr. 4)
	Security					(A) o	r			4)			Following	Direct (D)	
						Dispo	osed						Reported	or Indirect	
						of (D)					Transaction(s)	(I)		
				1		(Instr	. 3,						(Instr. 4)	(Instr. 4)	
						4, and	15)								
											Amount				
								Date	Evaluation		or				
								Exercisable	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

Describe Open Name (Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Bollesen Michael C/O MAXLINEAR, INC. 5966 LA PLACE COURT, SUITE 100 CARLSBAD, CA 92008			Vice President of Sales				

Signatures

/s/ Connie Kwong, as Attorney-in-Fact	02/26/2019
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 Common Stock issued to the Reporting Person for the 2018 performance period under the Company's Executive Incentive Bonus Plan (the "Bonus (1) Plan"). All shares were issued pursuant to the Company's 2010 Equity Incentive Plan. Grant amounts were determined based on the award amount earned under the Bonus

Plan and the closing price of the Company's Common Stock in trading on the New York Stock Exchange on February 22, 2019.

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.