## FORM 4

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

OMB APPROVAL
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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).

#### 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) 09/23/2019								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 Person Form filed by More than One Reporting Person						
(City) (State) (Zip)						Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1.Title of Security (Instr. 3)			Date (Month/Day/Year)		Execu any	eemed tion Date, i	f Co	Code (Instr. 8)		ion	on 4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)				Benefici	ount of Securities cially Owned Following ed Transaction(s)			ip of Be	7. Nature of Indirect Beneficial Ownership
					(ivioin	III Duji 1 Ca		Cod	e	V	Amount	(A) or (D)	Pr	rice	(Instr. 3 and 4)			or Indirect (I) (Instr. 4)	Indirect (Ir	nstr. 4)
Common Stock		09/23	3/2019				P <sup>(1</sup>	)	11,250 A \$ 22.19		1915	44,583			D					
Reminder:	Report on a s	separate line	for each		Deriv	ative Secu	rities	s Acc	quire	Per cor the	rsons whatained in form dis	no res in this splays	forms a cu	n are urren ficiall	not requ itly valid	ction of inf uired to res OMB cont	spond unle	ss	C 147	74 (9-02)
1. Title of	2	3. Transacti	on	3A. Deemed		outs, calls,	<b>wari</b> 5.	rant	s, op						tle and	8 Price of	9. Number	of 10.		11. Natur
Derivative Security	Conversion or Exercise Price of Derivative Security			Execution D	ate, if	Transactio Code	on Nu of Do See Ac (A Di of (Ir	•	ative ties red sed	and Expiration Date (Month/Day/Year)		Amo Unde Secur	unt of erlying	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owne Form Deriv Secur Direct or Inc	of ative ity: t (D) lirect	of Indirect Beneficia Ownershi (Instr. 4)		
						Code V	V (A	A)	(D)	Da Exc	te ercisable	Expira Date	ation	Title	Amount or Number of Shares					

### **Reporting Owners**

Ī		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	09/23/2019		
**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).
- (1) The purchase reported was effected pursuant to a Rule 10b5-1 trading plan adopted on August 8, 2019 by the reporting person.
- Represents the weighted average share price of an aggregate total of 11,250 shares purchased in the price range of \$21.81 to \$22.32 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.