FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

Reportin	ng O	wners			Code V	(A) (D)		ercisable	Date	1100	of Shares				
					Code V	(A) (D)	Exc	ercisable	Date		of				
							Da		Expiration	on Title	Amount or Number				
Security or E (Instr. 3) Pric Deri	nversion	3. Transaction Date (Month/Day/	Execution (Year)	Deemed eution Date, if htth/Day/Year)	Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	and	Date Exer d Expiration onth/Day/	on Date	Amo Unde Secu	tle and unt of erlying rities r. 3 and	f Derivative Securitic Security (Instr. 5)		Ownersl Form of Derivati Security Direct (l or Indire	Ownership (Instr. 4) cet
Reminder: Repo	ort on a se	eparate line for		: II - Deriv	vative Securi	ties Acquir	Per cor the	rsons whatained in form dis	no responding this for this for the splays and the splays are so that the splays are spl	orm are currer	not requ tly valid		ormation spond unle trol numbe	ss	1474 (9-02)
Common Sto	ock	(03/11/2021			S		2,750	D S	\$ 36.579	18,050			D	
				(Mon	(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	r. 3 and 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
1.Title of Security (Instr. 3)		1	2. Transaction Date Month/Day/Y	Executary/Year) Executary		(Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Form:	7. Nature of Indirect Beneficial
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqu						ired, Disposed of, or Beneficially Owned				
(Street) CARLSBAD, CA 92008				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Last) (First) (Middle) C/O MAXLINEAR, INC., 5966 LA PLACE COURT, SUITE 100				_	3. Date of Earliest Transaction (Month/Day/Year) 03/11/2021						X_Office		ate Controlle		elow)
(Print or Type Responses) 1. Name and Address of Reporting Person * Kwong Connie H.				MA	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) Other (specify below)				
			*								5 D 1 .:	1 · CD		() . T	

Corporate Controller & PAO

Owner

Signatures

Kwong Connie H. C/O MAXLINEAR, INC.

CARLSBAD, CA 92008

/s/ Connie Kwong	03/11/2021				
**Signature of Reporting Person	Date				

5966 LA PLACE COURT, SUITE 100

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).

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.