## FORM 4

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

OMB APPR	ROVAL
OMB Number:	3235-0287
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houre per reenonee	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

e Responses)													
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				
		DT A CIE	3. Date of Earliest Transaction (Month/Day/Year) 05/20/2021			X Officer (give title below) Other (specify below)  Corporate Controller & PAO							
AD, CA 92	(Street)	4	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						
	(State)	(Zip)	Table I - Non-Derivative Securities Acqu				ities Acqui	tired, Disposed of, or Beneficially Owned					
curity	I	Oate Month/Day/Year)	Execution any	n Date	, if Coo (Ins	le tr. 8)	(A) or Dispose (Instr. 3, 4 and	ed of (D) (15) (15) (17) (17) (17) (17)	Owned Follow Fransaction(s)	ving Reporte	ed C	Ownership of Born: Bornect (D) or Indirect (I)	Nature f Indirect eneficial bwnership instr. 4)
						displa	ys a current	ly valid O	MB control	number.			
							oosed of, or B		Owned				
2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac Code	ction (	Numb of Derivative Securities Acquired A) or Disposed of (D) Instr. 3,	ats, options, of the control of the	onvertible se	7. Title an	nd Amount of ag Securities		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
Conversion or Exercise Price of Derivative	Date	3A. Deemed Execution Date, if	4. Transac Code	ction (	warran 5. Numb of Derivativ Securitie Acquirec A) or Disposed of (D) Instr. 3, and 5)	ats, options, of the control of the	onvertible se- xercisable ration Date bay/Year)  Expiration	7. Title an Underlyin (Instr. 3 a	nd Amount of ag Securities	Derivative Security	Derivative Securities Beneficially Owned Following Reported Transaction(s	Ownership Form of Derivative Security: Direct (D) or Indirect	of Indirect Beneficia Ownershi (Instr. 4)
	Onnie H.  GLINEAR, SUITE 100  AD, CA 92  curity	CLINEAR, INC., 5966 LA ISUITE 100  (Street)  AD, CA 92008  (State)  Curity  2	onnie H.  (First) (Middle) (ILINEAR, INC., 5966 LA PLACE SUITE 100  (Street)  AD, CA 92008  (State) (Zip)  curity  2. Transaction Date (Month/Day/Year)	onnie H.  MAXLII  (First) (Middle) (SLINEAR, INC., 5966 LA PLACE  SUITE 100  (Street)  AD, CA 92008 (State) (Zip)  curity  2. Transaction Date (Month/Day/Year)  AD, CA Deer Execution any (Month/I	MAXLINEAL  (First) (Middle) (ILINEAR, INC., 5966 LA PLACE  (Street) 4. If Amendment  AD, CA 92008  (State) (Zip)  Curity 2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)	Onnie H.  MAXLINEAR INC  (First) (Middle) (ILINEAR, INC., 5966 LA PLACE  SUITE 100  (Street)  AD, CA 92008  (State)  (Zip)  Table  Curity  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)	AD, CA 92008  (Street)  2. Transaction Date (Month/Day/Year)  Code (Instr. 8)  Code V  Persoin this	MAXLINEAR INC [MXL]  3. Date of Earliest Transaction (Month/Day/Year) 05/20/2021  3. Date of Earliest Transaction (Month/Day/Year) 05/20/2021  4. If Amendment, Date Original Filed(Month/Day/Year)  AD, CA 92008  (State)  2. Transaction Date (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  2. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Instr. 3, 4 and Code V Amount (A) Code V Amount (Deport on a separate line for each class of securities beneficially owned directly or indirectly.  Persons who respin this form are not separate line for mare not separate line for each class of securities beneficially owned directly or indirectly.	MAXLINEAR INC [MXL]  (First) (Middle) (ILINEAR, INC., 5966 LA PLACE (Street)  AD, CA 92008  (State)  (State)  (State)  (State)  (State)  (State)  (State)  (A) or Disposed of (D) (Instr. 3, 4 and 5)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (A) or Price  Persons who respond to the in this form are not required.	MAXLINEAR INC [MXL]  Director  (First) (Middle) (ILINEAR, INC., 5966 LA PLACE SUITE 100  (Street)  AD, CA 92008  (State)  (State)  (State)  (State)  (Zip)  (State)  (Zip)  (State)  (Zip)  (State)  (Zip)  (State)  (A) Or Disposed of (D) (Instr. 8) (Month/Day/Year) (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (A) Or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 3 and 4)  (Month/Day/Year)  (Month/Day/Year)  (A) Or Price  (B) Or Price	MAXLINEAR INC [MXL]  (First) (Middle) (SUITE 100  (Street)  AD, CA 92008  (State)  (State)  (State)  (Chec Director X Officer (give title below) (Corporate SOUTE 100  (Street)  (Street)  (State)  (State)  (Zip)  (Zip)  (Zip)  (Zip)  (Zip)  (Zip)  (Zip)  (A) Deemed Execution Date (Month/Day/Year) (Chec Director X Officer (give title below) (Corporate Sourities Acquired, Disposed of, or Bender (A) or Disposed of, or Bender (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)  (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 3 and 4)  (A) or Code V Amount (A) or Code (Instr. 3 and 4)  (A) or Disposed of (D) (Instr. 3 and 4)  (A) or Price  (A) or Disposed of (D) (Instr. 3 and 4)  (A) or Price  (A) or Disposed of (D) (Instr. 3 and 4)  (A) or Disposed of (D) (Instr. 3 and 4)  (A) or Disposed of (D) (Instr. 3 and 4)  (A) or Disposed of (D) (Instr. 3 and 4)  (A) or Disposed of (D) (Instr. 3 and 4)	MAXLINEAR INC [MXL]  (Check all applicable properties of the prope	MAXLINEAR INC [MXL]  (First) (Middle) (LINEAR, INC., 5966 LA PLACE  SUITE 100  (Street)  AD, CA 92008  (State)  (Zip)  Table I - Non-Derivative Securities Acquired (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Zip)  (Zip)  Table I - Non-Derivative Securities Acquired (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (A) or Disposed of (D) (Instr. 3, 4 and 5)  (Month/Day/Year)  (Month/Day/Year)  (Check all applicable)  10% Owner  X Officer (give title below)  (Other (specify below)  Corporate Controller & PAO  (A) or Disposed of, or Beneficially Owned  (A) or Disposed of (D)  (Instr. 3, 4 and 5)  (Instr. 3 and 4)  (Instr. 3 and 4)  (Instr. 3 and 4)  (Instr. 4)  Persons who respond to the collection of information contained SEC 14 in this form are not required to respond unless the form

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

### **Signatures**

/s/ Connie Kwong	06/02/2021
**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. Common Stock.

Subject to the Reporting Person continuing to be a Service Provider (as defined in the 2010 Equity Incentive Plan) through each applicable vesting date, ten percent (10%) of the RSUs (2) subject to the award will vest on May 20, 2022; twenty percent (20%) of the RSUs subject to the award will vest on May 20, 2023; thirty percent (30%) of the RSUs subject to the award will vest on May 20, 2024; and forty percent (40%) of the RSUs subject to the award will vest on May 20, 2025, such that all the RSUs subject to the award will then be fully vested.

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.