FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Engen Gerald B. Jr. | | | | | MY | 2. Issuer Name and Ticker or Trading Symbol MYR GROUP INC. [MYRG] | | | | | | | | | | all app Direc | onship of Reporting F ill applicable) Director | | 10% C | wner |
|--|---|---------|------------|---|-----------------|--|----------------------------|--|------------------|---------|--|---------------|-----------------|--|---|---|--|---|--|-------------|
| (Last) MYR GR | (Fir | st) (N | /liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/07/2017 | | | | | | | | | X | belov | Officer (give title below) Senior VP, CLO a | | Other (specify below) and Secretary | |
| 1701 GOLF ROAD SUITE 3-1012 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Al | | | | | Applicable |
| (Street) ROLLING MEADO | - | 6 | 60008-4210 | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | e I - 1 | Non-Deriv | ative | Secu | ıritie | s Acc | quired, | Dis | posed of | f, or | Bene | ficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | /Year) | Execution Date, | | | | | | ties Acquired (A Of (D) (Instr. 3, | | | , 4 and Se Be | | Securities Beneficially Owned | | ership Direct t (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | | Repor Trans | | (Instr. | •) | (111501. 4) |
| Common Stock 03/07/20 | | | | | 017 | | | | A | | 10,482 | (1) A | | \$(| \$0 | | 80,701 | |) | |
| Common Stock 03/07/20 | | | | 017 | | | | F | | 3,423(2 | 2) | D | \$38.06 | | 77,278 | | I |) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, lecurity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disp of (D | or osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | | 8. Pr of Deriv Secu (Instr | ative rity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owi For Dire or I (I) (I 4) | nership m: ect (D) ndirect Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nun of | | | | | | | |

Explanation of Responses:

- 1. Shares of common stock received upon vesting of performance share awards for performance period from January 1, 2014 through December 31, 2016.
- 2. Represents shares of common stock withheld to satisfy tax withholding obligations in connection with the vesting of performance shares.

Remarks:

<u>Gerald B. Engen, Jr.</u> <u>03/09/2017</u>

** Signature of Reporting Person Date

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

- * 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.

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 Number.