FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	AIID	LACHANGE	COMMINIO
Machinator	DC 2	0540	

OIVIB APP	PROVAL								
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

.(-)																					
Name and Address of Reporting Person					2. Issuer Name and Ticker or Trading Symbol MYR GROUP INC. [MYRG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Huntington Kelly Michelle</u>					MITR GROOT INC. [MIRO]									Dire	ctor		10% Ov	wner			
																er (give title		Other (s	specify		
(Last)		3. Date of Earliest Transaction (Month/Day/Year)								Ι.	— below)										
(Last) (First) (Middle) MYR GROUP INC., 12121 GRANT STREET					09/0	9/202	24								Senior VP and CFO						
·				1																	
SUITE 610					4 If Amondment Date of Original Filed (Month/Day 2/4)									C. ladicidual as Isiat/Oscus Filias (Obs.). A. II. II.							
					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)						
(Street)					1										-,	n filed by On	e Rep	ortina Pers	on		
THORN	TON C	O 8	0241		1									Ι,	Form filed by More than One Reporting						
					1										Person						
(City)	(8	tate) (2	Zip)																		
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	f, or l	Ben	eficia	Illy Owr	ned					
1. Title of	Security (In:	str. 3)		2. Transac	tion	tion 2A. Deemed 3. 4. Securities Acquired (A					(A) or) or 5. Amount of		6. Ownership		7. Nature					
	• •	,		Date (Month/Da	Execution D			tion Date, Transaction Code (Instr.		Disposed Of (D) (Instr. 3,			3, 4 an	d Securi Benef		Form: Direct		of Indirect Beneficial			
(Month/Day					(Month/Day/Year)			8)					Owne	d Following		(Instr. 4)	Ownership				
								0	l.,	(A) or		or	Dutan	Repor	ted action(s)			(Instr. 4)			
				Code	٧	Amount	(A) or (D) Pr		Price		(Instr. 3 and 4)										
Common Stock 09/09/2					2024				P		500		۱	\$88.6	54 3	3,030		D			
		Tol	bla II	Dorivoti	S.		tion /	\ 0011	irod [lian	oced of	or P	200	ficiall	v Owns	.d					
		Ia									osed of, convertib					u					
1. Title of	2.	3. Transaction	3A. Dec		4.		5. Number				7. Title and			8. Price of			10.	11. Nature			
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any		Code (Instr		nstr. Derivative Securities		Expiration Date Amount of Securities Underlying				Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial				
(Instr. 3) Price of		(/Day/Year)								erlying	g	(Instr. 5)	Beneficiall	icially	Direct (D)	Ownership			
	Derivative Security		l					Acquired (A) or			Derivative Security (Ins				Owned Following	g (I) (Instr.	or Indirect (I) (Instr. 4)				
			l				Disposed of (D) (Instr. 3, 4		3 and 4) `					Reported Transaction(s)		,,,					
			l													(Instr. 4)	m(s)	s)			
							and 5)														
														ount							
													or Nu	mber				- [
					Code	l _v	, (A) (D)		Date Exercisable		Expiration Date	Title Sh		ares							
	1	1	1		1 3048	٠,	(~)	ı (°,			- 410	1	1 0.16			1	- 1		1		

Explanation of Responses:

Remarks:

/s/ William F. Fry as Attorney-

in-Fact for Kelly M.

09/11/2024

Huntington

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

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.

^{**} Signature of Reporting Person Date

 $^{^{\}star}$ 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).