NEW YORK

(City)

NY

(State)

10004

(Zip)

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

	, ,		Filed							curities Excha t Company Ac									
The state of the s					2. Issuer Name and Ticker or Trading Symbol MYR GROUP INC [MYRG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 10/30/2008								Director X 10% Owner Officer (give title Other (specify below)					(specify	
85 BROAD ST (Street)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
NEW YORK NY 10004											X Form filed by More than One Reporting Person								
(City)	(S)		^{Zip)} e I - Non-Deriv	ative S	Sec	curit	ies /	Acaui	red.	Disposed (of. or	Benefi	cially Own	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year			2A. D Execu	eer utio			3. Transaction Code (Instr. 8)		4. Securities Disposed Of and 5)	Acquire	ed (A) or	5. Amount of Securities Beneficially Owned	of	6. Owners Form: Dir (D) or Indirect (I		7. Nati Indire Benefi Owner	:t		
								Code V		Amount	(A) or (D)	Price				(Instr. 4)		4)	
Common Stock			10/30/2008					S		135,000	D	\$9.5	1,899,846		I		See footnotes(1)(2)(3)		
		Та	ble II - Derivat (e.g., pւ							isposed of, s, converti				l					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Execution Date, if any		Transaction Code (Instr.				piratio	Exercisable and on Date Day/Year)	Amou Secur Unde Deriv	rlying rative rity (Instr	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Forn Dire	ct (D) idirect	Beneficial (t (D) Ownership (direct (Instr. 4)	
				Code	v	V (A) (E		Dai	te ercisa	Expiration	n Title	Amou or Numb of Shares	er						
		of Reporting Person																	
(Last) 85 BRO	AD ST	(First)	(Middle)		,														
(Street) NEW YORK		NY	10004																
(City)		(State)	(Zip)																
		of Reporting Person	•																
(Last) (First) (Midd 85 BROAD STREET			(Middle)																
(Street)																			

Explanation of Responses:

- 1. This statement is being filed by The Goldman Sachs Group, Inc. ("GS Group") and Goldman, Sachs & Co. ("Goldman Sachs", and together with GS Group, the "Reporting Persons"). The securities reported herein as indirectly sold were beneficially owned directly by Goldman Sachs. Without admitting any legal obligation, Goldman Sachs will remit appropriate profits, if any, to MYR Group Inc. (the "Company"). Goldman Sachs is a wholly-owned subsidiary of GS Group.
- 2. Goldman Sachs beneficially owns directly and GS Group may be deemed to beneficially own indirectly 1,899,846 shares of the Company's common stock, par value \$0.01 per share (the "Common Stock"). Each of Goldman Sachs and GS Group disclaims beneficial ownership of the securities reported herein except to the extent of its pecuniary interest therein.
- 3. As of October 30, 2008, the Reporting Persons ceased to beneficially own more than 10% of the Common Stock reported to be outstanding in the Company's Quarterly Report on Form 10-Q for the period ended June 30, 2008 and are therefore no longer subject to Section 16.

/s/ Yvette Kosic, Attorney-in-11/03/2008

/s/ Yvette Kosic, Attorney-in-

11/03/2008

** Signature of Reporting Person

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.