FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

				_						. ,		-								
		of Reporting Person						icker or T		g Symbol RG]				ck all app	olicable)) to Issuer		
(Last)	08/20/				Date of Earliest Transaction (Month/Day/Year) 8/20/2008								Director X 10% Owner Officer (give title Other (specify below)							
85 BROAD ST				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NEW YORK NY 10004													Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	(S	tate) (Z	Zip)																	
		Tabl	e I - Non-Deri	vative	Se	curit	ties A	cquire	d, Di	isposed o	f, or B	enefic	cially	y Owne	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				rear) i	Execution		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned			6. Ownersh Form: Dire (D) or Indirect (I)		ect Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	Re Tr	Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)			
Common Stock			08/20/20	08	8			S		94,077	D	\$16		2,843,846		I		See footnotes ⁽¹⁾⁽²⁾		
Common Stock 08/21/200				08	3		S		9,800	D	\$16		2,834,0	4,046		I See footnotes(1)				
		Та	ble II - Deriva	tive S	ecu	ıritie	s Acc	juired,	Disp	oosed of, convertib	or Ber	neficia	ally C	Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Trans Code	4. Transaction Code (Instr.		Number erivative ecuritie cquired a) or isposed f (D) nstr. 3,	6. Date Exe Expiration (Month/Day		rcisable and Date			8. I of De Sec (In:	Price erivative ecurity estr. 5)	9. Num derivat Securit Benefic Owned Follow Report Transa (Instr. 4	ve Owner ies Form: Direct or Ind (I) (Inset ed 4)		Beneficia D) Ownersh ect (Instr. 4)		
				Code		V (A	ı) (D)	Date Exerc	isable	Expiration Date	Title	Amour or Numbe of Shares	er							
		of Reporting Person																		
(Last) 85 BRO	AD ST	(First)	(Middle)																	
(Street)	ORK	NY	10004																	
(City)		(State)	(Zip)																	

1. Name and Address of Reporting Person* GOLDMAN SACHS & CO									
(Last) (First) (Middle) 85 BROAD STREET									
(Street) NEW YORK	NY	10004							
(City)	(State)	(Zip)							

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 2,834,046 shares of the Company's common stock, par value \$0.01 per share. Each of Goldman Sachs and GS Group disclaims beneficial ownership of the securities reported herein except to the extent of its pecuniary interest therein.

/s/ Yvette Kosic, Attorney-in- 08/22/2008

<u>fact</u>

/s/ Yvette Kosic, Attorney-in-

fact

** 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.