FORM 3

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

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INITIAL STATEMENT OF 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

1. Name and Address of Reporting Person [*] EVANS PAUL J.			2. Date of Even Requiring State (Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol <u>MYR GROUP INC.</u> [MYRG]					
(Last) 1701 GOLF SUITE 3-101 (Street) ROLLING MEADOWS (City)	12	(Middle) 60008 (Zip)	01/03/2012			tionship of Reporting Per all applicable) Director Officer (give title below) VP, CFO and Tre	10% Owne Other (spe below)	er (1	Month/Day/Year) . Individual or Join . Spplicable Line) X Form filed to Person	Date of Original Filed nt/Group Filing (Check by One Reporting by More than One Person
			Table I - Nor	n-Derivat	ive Se	ecurities Beneficial	y Owned			
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock						0	D			
		(e				urities Beneficially ptions, convertible		s)		
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Secu Underlying Derivative Secu 4)			4. Conversi or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Exercise Price of Derivativ Security	or Indirect	

Explanation of Responses:

/s/ Gerald B. Engen, Jr. as

Attorney-in-Fact for Paul J. Evans

** Signature of Reporting Person Date

01/04/2012

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 5 (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.