FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
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 [*] KOERTNER WILLIAM A | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>MYR GROUP INC.</u> [MYRG] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|---|---|--|-----------------|----------------------|--|---|---|---|-----------------------------|-----------------|----------------------------------|---|-----------------|--|--|---------------|--|---|---------|
| | IYR GROUP INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/13/2011 | | | | | | | | | C Officer below) | (give title | siden | Other (below) t and CE | specify |
| 1701 GOLF ROAD SUITE 3-1012 (Street) ROLLING MEADOWS IL 60008-4210 | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | |) K Form fil | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S1 | tate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - | Non-Deriv | vative | Sec | urit | ies Ac | qu | ired, | Dis | posed of | , or Ber | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/* | | | | Year) | Execution Date, | | | 3. Transaction Code (Instr. 8) | | | 4. Securitie Disposed C 5) | | | 5. Amou Securitio Benefici Owned Followir | es ally | Form (D) o | n: Direct r ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Co | ode | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | ion(s) | | ., | (|
| Common Stock 07/13/201 | | | | | 011 | 1 | | | М | | 75,000(1) | Α | \$3.648 | 1 264 | ,358 | | D | | |
| Common Stock 07/13/20 | | | | 011 | .1 | | | | S | | 75,000(1) | D | \$24.49 |) 189 | 189,358 | | D | | |
| | | | Та | ble II - Der (e.g | | | | | | | | osed of, o onvertible | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execu if any | | | ction nstr. | 5. Number of Derivative Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration E (Month/Day/ | | Date | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | | 10. Ownershig Form: Direct (D) or Indirec (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | | v | (A) | (D) | | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Non- Qualified Stock Option | \$3.6481 | 07/13/2011 | | | М | | | 75,000 ⁽¹ | 1) | 12/20/2007 | | 06/02/2016 | Common Stock | 75,000 | \$3.6481 | 265,4 | 49 | D | |

Explanation of Responses:

1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 26, 2011.

| /s/ Gerald B. Engen, Jr. as | |
|------------------------------|------------|
| Attorney-in-Fact for William | 07/15/2011 |
| A. Koertner | |

** 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.