FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

SLAGER DONALD W		Date of Event equiring Staten Month/Day/Year 5/19/2016	nent	3. Issuer Name and Ticker or Trading Symbol MARTIN MARIETTA MATERIALS INC [MLM]								
(Last) 2710 WYCLI	(First)	(Middle)	_			ationship of Reporting Perso call applicable) Director	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)			
(Street)					Officer	Officer (give title below)	Other (spe below)		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
RALEIGH (City)	NC (State)	27607 (Zip)								Form filed by Reporting Pe	/ More than One erson	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4)		4. Convers	sion C	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
		Date Exercisable	Expiration Date	n Title	9	Amount or Number of Shares		ve o	Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

No securities are beneficially owned.

/s/ Donald W. Slager

05/19/2016

** 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 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.