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 ar | MID | 2. Issuer Name and Ticker or Trading Symbol MIDDLEBY CORP [MIDD] | | | | | | | | | | all app | | ng Pe | 10% C |)wner | | | | |
|---|--|--|---------|------------------------------------|----------|--|---------|-------|--|--------|---|--|-------|---------|-------------------------|--|---|--------------------------------|---|---|
| (Last) | (Fir | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2011 | | | | | | | | | X | belov | * | | Other (specify below) | |
| C/O MIDDLEBY CORPORATION | | | | | | | | | | | | | | | Chief Financial Officer | | | | | |
| 1400 TO | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | | |
| (Street) | | | | | | | | | | | | | | | X | X Form filed by One Reporting Person | | | | |
| ELGIN | IL | 6 | 0120 | | | | | | | | | | | | | Form Perso | filed by Mor on | re thai | n One Rep | orting |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | e I - N | lon-Deriv | ative \$ | Secu | ırities | s Acc | uired, | Dis | posed o | f, or | Bene | eficia | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Execution Dat | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5) | | | | 3, 4 | | 5. Amount of Securities Beneficially Owned Following | | wnership n: Direct or rect (I) rr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amount | 9 | (A) or (D) | Price | ' | Repor Transa | eported ransaction(s) nstr. 3 and 4) | | | (111501. 4) | |
| Common |)11 ⁽¹⁾ | | | S ⁽¹⁾ | 3,8: | | | D | \$90 | | 251,599 | | | D | | | | | | |
| Common stock 02/14/20 | | | | | |)11(1) | | | S ⁽¹⁾ | | 5,714 | | D | \$90.25 | | 5 245,885 | | | D | |
| Common Stock 02/14/2 | | | | | | 011(1) | | | S ⁽¹⁾ | | 24,715 | | D | \$90 | | 221,170 | | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | eemed tion Date, h/Day/Year) | | saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amou or Numb of Title Share | | ount | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , O F O O (I 4) | 0. Ownership Form: Direct (D) or Indirect () (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Shares sold pursuant to outstanding 10b5-1 trading plan as filed.

Martin M. Lindsay POA 02/15/2011

** 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.