FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| - 1 | | | | | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB APPROVAL | | | | | | | | | | |
| | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | | | |

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|---|--|-------|------|-----------|---------|-----------------------------|---|------------|--------------------------------------|--|--|--------------------|---|---------------------|--|---|---|---|---------------------------------------|------------|--|
| Name and Address of Reporting Person* Cronin John J. | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Mastech Holdings, Inc. [MHH] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | | | | | | | | | | | | | rector | | 10% O | | |
| | | | | | | | | | | | | | | | | | fficer (give title low) | | Other (below) | (specify | |
| (Last) (First) (Middle) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/14/2013 | | | | | | | | | CFO, Sec & Treasurer | | | | | |
| 1000 COMMERCE DRIVE | | | | | | 100/ | 00/14/2010 | | | | | | | | | | , | | | | |
| SUITE 500 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | |
| PITTSBURGH PA 15275 | | | | | | | | | | | | | | | | , , , , | | | | | |
| | | | | | | - | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | | (Stat | e) (| Zip) | | | | | | | | | | | | | | | | | |
| | | | Tabl | e I - Noi | n-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, oı | r Ben | eficia | ally Ow | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Dat | | n Date, | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | nd Sed Bed Ow | amount of curities neficially ned Following ported | Form (D) or | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Tra | nsaction(s) str. 3 and 4) | | | (111501.4) | |
| Common Stock 08/14/ | | | | | /2013 | | | | S | | 1,600 | D \$ | | \$11 | .22 | 22 52,575 | | D | | | |
| | | | Та | | | | | | | | | sed of, | | | | | ed | | | | |
| | | | | (| e.g., p | uts, c | alls | , warr | ants, | option | s, c | onvertib | le s | ecuri | ties) | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, Trity or Exercise (Month/Day/Year) if any C | | | | | Transaction Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | wnership orm: irect (D) r Indirect | Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nur of | ount nber ires | | | | | | |

Explanation of Responses:

/s/ John Cronin

08/16/2013

** 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.