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MATRIX SER	VICE CO										
Form 4											
August 28, 202	15										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
	UNITED :	STATE		TIES AN nington, I			IGE C	OMMISSION	OMB Number:	3235-0287	
Check this									Expires:	January 31,	
if no longer subject to STATEMENT OF CHANG				GES IN BENEFICIAL OWNERSHIP O				ERSHIP OF	Estimated a	2005	
Section 16.				SECURITIES					burden hours per		
Form 4 or Form 5								response	0.5		
obligations	-						-	Act of 1934,			
may contin	ue.) of the Inv	•	•			1935 or Section	1		
See Instruct 1(b).	tion	30(II)		esument C	Joinpany	Act	01 1940)			
1(0).											
(Print or Type Res	sponses)										
1. Name and Address of Reporting Person <u>*</u> HEWITT JOHN R			2. Issuer M Symbol	2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer			
			MATRIX	SERVIC	CE CO []	MTR	X]				
(Last)	(First) (N	Middle)	3. Date of F		-		-	(Check	c all applicable	.)	
				Ionth/Day/Year)				_X_ Director 10% Owner			
				8/27/2015				XOfficer (give titleOther (specify below) below)			
DRIVE, SUIT	TE 700							· · · · · · · · · · · · · · · · · · ·	ident & CEO		
			4. If Amend	. If Amendment, Date Original ïled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check			
								Applicable Line)			
								X Form filed by O Form filed by M			
TULSA, OK	74135							Person		porting	
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurit	ies Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Da	te 2A. De	eemed	3.	4. Securi			5. Amount of	6.	7. Nature of	
(Instr. 3) any						A) or Disposed of (D) $(a + b) = (a + b)$		Securities	Ownership	Indirect	
			Code (Instr. 3, 4 and 5) h/Day/Year) (Instr. 8)					Beneficially Owned	Form: Direct (D)	Beneficial Ownership	
		((Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
						or		(Instr. 3 and 4)	(Instr. 4)		
COMMON				Code V	Amount 2,045	(D)	Price ¢				
COMMON STOCK (1)	08/27/2015			F	2,045 (2)	D	\$ 18.73	186,338 <u>(3)</u>	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Tit Amou Unde: Secur (Instr	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
HEWITT JOHN R 5100 EAST SKELLY DRIVE SUITE 700 TULSA, OK 74135	X		President & CEO					
Signatures								
John R. Hewitt 08	8/28/2015							
<u>**</u> Signature of	Date							

Explanation of Responses:

- * 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).
- (1) MATRIX SERVICE COMPANY COMMON STOCK.
- (2) RESTRICTED STOCK UNIT AWARD SHARES DISPOSED TO SATISFY TAX OBLIGATION DUE ON VEST DATE FOR TIME-BASED GRANT.
- (3) INCLUDES 79,063 SHARES OF MATRIX SERVICE COMPANY COMMON STOCK OWNED OUTRIGHT.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Person