Edgar Filing: MATRIX SERVICE CO - Form 4

MATRIX SER	VICE CO										
Form 4											
August 28, 202	15										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
	■ UNITED	STATES		TIES AN nington, I			IGE CO	OMMISSION	OMB Number:	3235-0287	
Check this									Expires:	January 31,	
if no longer subject to STATEMENT OF CHA				ANGES IN BENEFICIAL OWN				ERSHIP OF		2005	
Section 16.		SECURITIES							Estimated average burden hours per		
Form 4 or									response 0.5		
Form 5 obligations	-						•	Act of 1934,			
may contin	ue. Section 170			•				1935 or Section	1		
See Instruct 1(b).	tion	30(n)	of the Inv	estment C	_ompany	Act	01 1940)			
(Print or Type Rea	sponses)										
1. Name and Address of Reporting Person <u>*</u> RYAN JAMES P			2. Issuer Name and Ticker or Trading Symbol MATRIX SERVICE CO [MTRX]				5. Relationship of Reporting Person(s) to Issuer				
							X]				
(Last)	(First) (Middle)	3. Date of H		-			(Check	all applicable	;)	
			(Month/Day/Year)					Director 10% Owner			
			08/27/2015					XOfficer (give titleOther (specify below) below)			
DRIVE, SUITE 700								President, Matrix Service			
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
				Filed(Month/Day/Year)				Applicable Line)			
								X Form filed by O			
TULSA, OK	74135							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Table	I - Non-De	rivative So	ecurit	ies Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction D	ate 2A. De	eemed	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Yea		tion Date, if		on(A) or Di			Securities	Ownership	Indirect	
(Instr. 3)		any (Month	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	(I) (Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
COMMON				Code V	Amount	(D)	Price	, , , , , , , , , , , , , , , , , , , ,			
COMMON STOCK (1)	08/27/2015			F	515 <u>(2)</u>	D	\$ 18.73	78,320 <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, 4, and 5)		Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: MATRIX SERVICE CO - Form 4

Reporting Owners

Reporting Owner Name / Addre	SS		Relationships			
	Director	10% Owner	Officer	Other		
RYAN JAMES P 5100 EAST SKELLY DRIV SUITE 700 TULSA, OK 74135	E		President, Matrix Service			
Signatures						
James P. Ryan	08/28/2015					

<u>**</u>Signature of Reporting Person 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 50,822 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.