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MATRIX SER	VICE CO										
Form 4											
October 24, 20	13										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB AF	PROVAL			
	• UNITED SI	TATES SE					GE C	OMMISSION	OMB	3235-0287	
Check this l	DOX		Wash	ington, D	.C. 205 4	49			Number:		
if no longer				EC IN DI	RNIPELC	TAT	OWN		Expires:	January 31, 2005	
subject to	SIAIEMI	LNI OF C				IAL	UWN	ERSHIP OF	Estimated average		
Section 16. Form 4 or		SECURITIES						burden hours per			
Form 5	Filed pursu	unt to Soci	tion 16(a) of the	Socuritio	o Ev	ahanga	Act of 1934,	response	0.5	
obligations	Section $17(a)$							1935 or Section	h		
may continu	ie.			estment C					1		
See Instruct 1(b).	10N	50(11) 01		Sumont C	ompuny	1100	01 17-1	0			
1(0).											
(Print or Type Res	sponses)										
1. Name and Add	lress of Reporting Pe	rson <u>*</u> 2	. Issuer N	ame and Ti	icker or Tr	ading		5. Relationship of	Reporting Pers	on(s) to	
TURNER JAS	Sy	mbol					Issuer				
	Μ	MATRIX SERVICE CO [MTRX]					(Check all applicable)				
(Last)	(First) (Mic	idle) 3.	Date of E	arliest Tran	saction			(Check	c all applicable)	
			onth/Day					Director	10%	Owner	
5100 EAST S	KELLY		/23/201					$X_ Officer (give)$		r (specify	
DRIVE, SUIT	Е 700							below) Vice Pres	below) sident & Treasu	ırer	
	(Street)	4 1	If Amond	mant Data	Omininal						
(Succi)			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)			
		1.11	cu(ivioiitii/	Day/Ical)				_X_ Form filed by O	ne Reporting Per	rson	
TULSA, OK 7	74135							Form filed by M			
								Person			
(City)	(State) (Z	ip)	Table I	- Non-Der	ivative Se	curiti	es Acqu	iired, Disposed of,	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	A. Deeme	ed	3.	4. Securit	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution	Date, if		on(A) or Disposed of				Ownership	Indirect	
(Instr. 3)		any (Month/Da	Woor)	$\begin{array}{ccc} Code & (D) \\ (Instr. 2) & (Instr. 2, A and 5) \end{array}$				Beneficially Owned	Form: Direct Be (D) or Ov		
		(Monul/Da	th/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Following	Ownership (Instr. 4)		
						(1)		Reported	Indirect (I) (Instr. 4)		
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
COMMON	10/23/2013			F	146 (2)	D	\$	28,924 <u>(3)</u>	D		
STOCK (1)	10/25/2015			1	140 (1)	D	21.5	20,924 (**	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. Transactic Code (Instr. 8)	5. oriNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
TURNER JASON W 5100 EAST SKELLY DRIVE SUITE 700 TULSA, OK 74135			Vice President & Treasurer					

Signatures

Jason W. Turner 10/24/2013

<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 6,860 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.