### Edgar Filing: MATRIX SERVICE CO - Form 4

MATRIX SE	RVICE CO											
Form 4 December 16	2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL OMB 3235-0287				
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin <i>See</i> Instruct 1(b).	<ul> <li>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES</li> <li>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section</li> <li>20(b) of the Investment Company Act of 1940</li> </ul>								Number: January 31 Expires: January 31 Estimated average burden hours per response 0.5			
(Print or Type R	esponses)											
RYAN JAMES P Sym			Symbol						Relationship of Reporting Person(s) to suer			
(Last)	(First)	(Middle)			-	MIK	XJ	(Check	all applicable)			
(Last) (First) (Middle) 5100 EAST SKELLY DRIVE, SUITE 500			3. Date of Earliest Transaction         (Month/Day/Year)         12/15/2016        X					_ Director 10% Owner Officer (give title Other (specify w) below) President, Matrix Service				
				onth/Day/Year) App _X_				Individual or Joint/Group Filing(Check plicable Line) _ Form filed by One Reporting Person _ Form filed by More than One Reporting				
TULSA, OK	74135							Form filed by Mo son	re than One Rep	orting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ies Acquire	ed, Disposed of, o	or Beneficially	y Owned		
1.Title of Security (Instr. 3)	any				4. Securities Acquired (A our Disposed of (D) (Instr. 3, 4 and 5) (A)			<ul> <li>A) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s)</li> </ul>	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
COMMON STOCK (1)	12/15/2016			S	10,000	D	(2)	53,228 <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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Under Secur	le and unt of rlying ities . 3 and 4)	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**

<b>Reporting Owner Name / Address</b>			Relationships			
i o	Director	10% Owner	Officer	Other		
RYAN JAMES P 5100 EAST SKELLY DRIVE SUITE 500 TULSA, OK 74135			President, Matrix Service			
Signatures						
James P. Ryan 12/	/16/2016					

<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.

THE PRICE REPORTED IS A WEIGHTED AVERAGE PRICE. THESE SHARES WERE SOLD IN MULTIPLE TRANSACTIONS AT PRICES RANGING FROM \$21.80 TO \$22.00, INCLUSIVE. THE REPORTING PERSON UNDERTAKES TO PROVIDE TO

(2) MATRIX SERVICE COMPANY, ANY SECURITY HOLDER OF MATRIX SERVICE COMPANY, OR THE STAFF OF THE SECURITIES AND EXCHANGE COMMISSION, UPON REQUEST, FULL INFORMATION REGARDING THE NUMBER OF SHARES SOLD AT EACH SEPARATE PRICE WITHIN THE RANGE SET FORTH.

#### (3) INCLUDES 36,400 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.