#### Edgar Filing: BENNETT RICK J - Form 4

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BENNETT RIC	CK J									
Form 4										
August 30, 201	.7									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL	
	UNITED ST.	ATES SECURI	TIES AN	D EXC	HAN	GE C	OMMISSION	OMB	2025 0007	
				ington, D.C. 20549					3235-0287	
Check this b if no longer							Expires:	January 31,		
subject to		F CHANGES IN BENEFICIAL OWN				NERSHIP OF		2005 ed average		
Section 16.		ECURITIES					burden hours per			
Form 4 or								response	0.5	
Form 5 obligations	*	int to Section 16(				U				
may continu	ie · · ·	of the Public Util	•	•	•			1		
See Instruct		30(h) of the Inve	estment C	ompany	Act of	f 194	0			
1(b).										
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(Print or Type Res	sponses)									
1 Nome and Add	ress of Reporting Pers	* • • • •					5 Deletionship of	Domontin a Dom	an(a) to	
BENNETT RI		2. Issuer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
DERIVETT KI			Symbol							
		MAIKIA	MATRIX SERVICE CO [MTRX]				(Check all applicable)			
(Last)	(First) (Midd	,		saction						
	-	(Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
5100 EAST SI	08/29/201	08/29/2017				below) below)				
DRIVE, SUIT	E 500						VP & Chief	f Information C	Officer	
	4. If Amend	4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
	Filed(Month					Applicable Line)				
							_X_Form filed by One Reporting Person Form filed by More than One Reporting			
TULSA, OK 7	74135						Person	lore than One Ke	porting	
(City)	(State) (Zip	)		• • • •	• . •					
	-	Table	l - Non-Dei			s Acqu	uired, Disposed of		•	
1.Title of	2. Transaction Date (Month/Day/Year)		3.	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	Execution Date, if	Code Disposed of (D)				Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(11150.3)	any (Month/Day/Year)					Owned	Ownership			
		()	(	(,		- /	Following	Indirect (I) (Instr. 4)	(Instr. 4)	
					(A)		Reported			
					or		Transaction(s)			
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
COMMON	08/29/2017		А	6,577	А	\$0	16,629 (4)	D		
STOCK (1)	00/2//2011		11	(2)	11	(3)	10,027			

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)

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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)		ate	Under 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		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BENNETT RICK J 5100 EAST SKELLY DRIVE SUITE 500 TULSA, OK 74135			VP & Chief Information Officer				

## Signatures

Rick J. Bennett 08/30/2017

<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.

# RESTRICTED STOCK UNIT - EACH UNIT WILL ENTITLE THE REPORTING PERSON TO ONE SHARE OF MATRIX SERVICE (2) COMPANY COMMON STOCK IF AND WHEN THE CONDITIONS OF THE RESTRICTION HAVE BEEN SATISFIED. FOR THIS GRANT, 25% WILL VEST EACH YEAR FOR THE NEXT FOUR YEARS ON THE ANNIVERSARY DATES.

- (3) NOT APPLICABLE.
- (4) INCLUDES 3,214 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.