FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHA |
|---|------------------------|
| Instruction 1(b). | Filed pursuant to Sect |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Petrizzo Matthew J | | | | | | 2. Issuer Name and Ticker or Trading Symbol MATRIX SERVICE CO [MTRX] | | | | | | | | Check | tionship of Reportir all applicable) Director Officer (give title | | 10% (| Ssuer Owner (specify |
|---|--|-----|----------|--|---------|--|--------|------|---|-------|-----------|---|---|---|---|--|---|---|
| (Last) (First) (Middle) 5100 EAST SKELLY DRIVE SUITE 700 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2014 | | | | | | | | X | belov | w) ` | below Matrix SME | |
| (Street) TULSA OK 74135 (City) (State) (Zip) | | | | | _ 4. li | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 3. Indiv ine) X | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tab | le I - N | Non-Deriv | /ative | Sec | uritie | s Ac | quire | ed, D | isposed o | of, or E | Benefici | ally (| Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | | | Execution Date, | | | | | | Acquired (A) or (D) (Instr. 3, 4 and | | d 5) Sec Ber Ow | | nount of rities ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (111501.4) |
| COMMON STOCK ⁽¹⁾ 02/28/20 | | | | | | 14 | | | | | 7,002 | D | \$32.04 | 96(2) | 49,418(3) | | D | |
| | 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) | tive conversion or Exercises (Month/Day/Year) Fixe of Derivative Security | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | t | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- 1. MATRIX SERVICE COMPANY COMMON STOCK.
- 2. THE PRICE REPORTED IS A WEIGHTED AVERAGE PRICE. THESE SHARES WERE SOLD IN MULTIPLE TRANSACTIONS AT PRICES RANGING FROM \$32.02 TO \$32.14, INCLUSIVE. THE REPORTING PERSON UNDERTAKES TO PROVIDE TO 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.
- ${\tt 3.\ INCLUDES\ 14,363\ SHARES\ OF\ MATRIX\ SERVICE\ COMPANY\ COMMON\ STOCK\ OWNED\ OUTRIGHT.}$

Remarks:

Matthew J. Petrizzo 03/04/2014

** Signature of Reporting Person Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.