### 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
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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*  HEWITT JOHN R						2. Issuer Name and Ticker or Trading Symbol  MATRIX SERVICE CO [ MTRX ]										all app	olicable) ctor	10	Person(s) to Issuer  10% Owner	
(Last) 5100 EA SUITE 5	(Fii ST SKELL' 00	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/27/2018									X	belov	,	Other (specify below) nt & CEO		specify
(Street) TULSA (City)	OI (St		74135 Zip)		- 4. If										. Indiv ine) X	,				
		Tabl	e I - No	n-Deriv	/ative	Sec	uritie	s Ac	quired	, Dis	sposed o	f, or	Ben	efici	ally	Owne	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution Date,					es Acquired (A) o Of (D) (Instr. 3, 4 a			and 5) Secur Bene Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) or (D)		Price		Reported Transaction(s) (Instr. 3 and 4)				(msu. 4)
COMMON STOCK <sup>(1)</sup> 08/27					/2018	2018		A		33,383(2	2) A S		\$0	)(3) 24		43,238	D			
COMMON STOCK <sup>(1)</sup> 08/27/2					/2018	2018		A		6,081(4)	A .		\$0	\$0(3) 2		49,319	D			
COMMON STOCK <sup>(1)</sup> 08/29/2					/2018	2018			F		4,169(5)		D	\$21.325		25 245,150 <sup>(6)</sup>		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)	ivative Conversion or Exercise Price of Derivative Security    Derivative Conversion or Exercise Price of Price of Derivative Security   Derivative Security   Securi		Transa Code (				6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amour or Numbe of Title Shares		ount	nt er		9. Number of derivative Securities Seneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	hip O) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

# **Explanation of Responses:**

- 1. MATRIX SERVICE COMPANY COMMON STOCK.
- 2. RESTRICTED STOCK UNIT EACH UNIT WILL ENTITLE THE REPORTING PERSON TO ONE SHARE OF MATRIX SERVICE 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.
- 4. RESTRICTED STOCK UNIT EACH UNIT WILL ENTITLE THE REPORTING PERSON TO ONE SHARE OF MATRIX SERVICE COMPANY COMMON STOCK IF AND WHEN THE CONDITIONS OF THE RESTRICTION HAVE BEEN SATISFIED. THIS AWARD WAS EARNED UNDER THE COMPANY'S SHORT-TERM INCENTIVE COMPENSATION PLAN FOR FISCAL 2018 SAFETY PERFORMANCE AND WILL VEST ON THE FIRST ANNIVERSARY DATE OF THE AWARD.
- 5. RESTRICTED STOCK UNIT AWARD SHARES DISPOSED TO SATISFY TAX OBLIGATION DUE ON VEST DATE FOR TIME-BASED GRANT.
- 6. INCLUDES 136,780 SHARES OF MATRIX SERVICE COMPANY COMMON STOCK OWNED OUTRIGHT.

## Remarks:

08/29/2018 John R. Hewitt

\*\* 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.