FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

CHANDLER JOHN D		Date of Event equiring Staten Month/Day/Year 6/20/2017	nent	3. Issuer Name and Ticker or Trading Symbol MATRIX SERVICE CO [MTRX]							
(Last) (First) (Middle) 5100 EAST SKELLY DRIVE		` ′				ationship of Reporting Perso k all applicable) Director	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 500						Officer (give title below)	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) TULSA	OK	74135								y More than One	
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
					ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable at Expiration Date (Month/Day/Year)		ate	nd 3. Title and Amount of Security Underlying Derivative Security		ty (Instr. 4) Conve		e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title	e	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

No securities are beneficially owned.

John D. Chandler 06/21/2017

** 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 5 (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.