FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL									
OMB Number: 3235-01									
Estimated average burden									
hours per response	e: 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

Carnes Martha Z.			Date of Event Requiring Staten Month/Day/Year 17/13/2017	nent	3. Issuer Name and Ticker or Trading Symbol MATRIX SERVICE CO [MTRX]							
(Last) (First) (Middle) 5100 EAST SKELLY DRIVE					utionship of Reporting Perso all applicable) Director	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)				
SUITE 500							Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) TULSA	OK	74135								y One Reporting Person y More than One erson		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						int of Securities 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)												
Expiration			Expiration Da	Date Exercisable and Diration Date Onth/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Ins		4. Conversion or Exercise Price of	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiratior Date	n Title	3	Amount or Number of Shares		Direct (D) or Indirect (I) (Instr. 5)				

Explanation of Responses:

Remarks:

No securities are beneficially owned.

<u>Martha Z. Carnes</u> <u>07/20/2017</u>

** 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.