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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | heck this box if no longer subject to ection 16. Form 4 or Form 5 bligations may continue. See istruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: 0.5 | | | | | | | | | | |

| 1. Name and Addres <u>Rinehart Brac</u> | ss of Reporting Person <u>lley J</u> | n* | 2. Issuer Name and Ticker or Trading Symbol <u>MATRIX SERVICE CO</u> [MTRX] | | tionship of Reporting Pers all applicable) Director | 10% Owner | |
|--|---|----------------|---|------------------------|--|-------------------------------------|--|
| (Last) (First) (M 5100 EAST SKELLY DRIVE SUITE 500 | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 12/12/2016 | - X | Officer (give title below) President, Matrix P | Other (specify below) PDM Eng | |
| (Street) TULSA (City) | OK (State) | 74135 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing Form filed by One Repo Form filed by More than Person | rting Person | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities A Disposed Of (5) | | | Securities Beneficially | 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 | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| COMMON STOCK ⁽¹⁾ | 12/12/2016 | | A | | 6,500 ⁽²⁾ | Α | \$0 ⁽³⁾ | 84,6 07 ⁽⁴⁾ | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | 3 | | | | | - | | 3 | | 3 | | | | - | |
|---|---|--|---|------------------------------|---|-------|-----|--|---|-------|---|--|--|--|--|
| 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. Transa Code (8) | | of Ex | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. MATRIX SERVICE COMPANY COMMON STOCK.

2 RESTRICTED STOCK UNIT - FACH 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. 3. NOT APPLICABLE.

4. INCLUDES 67,634 SHARES OF MATRIX SERVICE COMPANY COMMON STOCK OWNED OUTRIGHT.

Remarks:

Bradley J. Rinehart

** Signature of Reporting Person

12/14/2016 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.