FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	3235-0104						
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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*  RODGERS GLYN A  2. Date of Event Requiring Statement (Month/Day/Year) 09/03/2019			nent	3. Issuer Name and Ticker or Trading Symbol  MATRIX SERVICE CO [ MTRX ]								
(Last) (First) (Middle) 5100 EAST SKELLY DRIVE					4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Office (Check all applicable)			er	5. If Amendment, Date of Original Filed (Month/Day/Year)			
SUITE 500					X	Officer (give title below)  President, Matrix Pl	Other (spe below) DM Eng	спу	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)										
		Т	able I - Non	-Derivati	ive S	ecurities Beneficiall	y Owned					
1. Title of Security (Instr. 4)					unt of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
COMMON STOCK <sup>(1)</sup>						10,521 <sup>(2)</sup>	D					
		(e.g				urities Beneficially ( options, convertible		s)				
1. Title of Derivative Security (Instr. 4)  2. Date Exercis: Expiration Date (Month/Day/Yea		ate	and 3. Title and Amount of Secu Underlying Derivative Secu				rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)			

## Explanation of Responses:

- 1. MATRIX SERVICE COMPANY COMMON STOCK.
- 2. INCLUDES 1,032 SHARES OF MATRIX SERVICE COMPANY COMMON STOCK OWNED OUTRIGHT. THE REMAINING SHARES ARE RESTRICTED STOCK OWNED BUT NOT YET RELEASED DUE TO FUTURE VESTING REQUIREMENTS.

## Remarks:

Glyn A. Rodgers

09/04/2019

\*\* 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.