FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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| 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 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

| Name and Address of Reporting Person* BENNETT RICK J | | | | | | 2. Issuer Name and Ticker or Trading Symbol MATRIX SERVICE CO [MTRX] | | | | | | | | | k all app Direc | utionship of Reportin call applicable) Director Officer (give title below) VP & Chief Inf | | 10% O | |
|--|--|--|--------------|---------------------------------|------------------------------|---|---|------|---|--------|--|---|-----------------------|-------------|---|---|---|------------|--|
| (Last) (First) (Middle) 5100 EAST SKELLY DRIVE SUITE 100 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/26/2021 | | | | | | | | | belov | | | below) | ' ' |
| (Street) TULSA (City) | OF | | 4135 Zip) | | 4. If A | I. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Cher Line) X Form filed by One Reporting F Form filed by More than One I Person | | | | | | | | | | orting Pers | on | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | cially | / Own | ed | | | |
| Date | | | | 2. Transac Date (Month/Da | Exe Day/Year) if an | | . Deemed ecution Date, iny onth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquire Disposed Of (D) (Inst 5) | | iired (A) nstr. 3, | or 4 and | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ce | Transa | action(s) 3 and 4) | | | (Instr. 4) | |
| СОММС | N STOCK ⁽ | CK ⁽¹⁾ 08/26/2021 F 326 ⁽²⁾ D \$10.75 26,374 D | | | | | | | | D | | | | | | | | | |
| COMMC | N STOCK ⁽ | 1) | | 08/27/ | 2021 | | | | F | | 292 ⁽²⁾ | D | \$ | 11.33 | 20 | 26,082 D | | | |
| COMMO | N STOCK ⁽ | 1) | | 08/29/ | 2021 | | | | F | | 482(2) | D | \$ | 11.33 | 25 | 25,600 ⁽³⁾ 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expirati (Month/ | ion Da | ear) | 7. Title and Amount of Securities Underlying Derivative Security (Ir 3 and 4) | | De Se (In | . Price of Perivative Pecurity Pecurity Pecurity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | | (A) (D) | | Date Exercisable | | Expiration Date | Title | of Share: | , | | | | | |

Explanation of Responses:

- 1. MATRIX SERVICE COMPANY COMMON STOCK.
- 2. RESTRICTED STOCK UNIT AWARD SHARES DISPOSED TO SATISFY TAX OBLIGATION DUE ON VEST DATE FOR TIME-BASED GRANT.
- 3. INCLUDES 18,467 SHARES OF MATRIX SERVICE COMPANY COMMON STOCK OWNED OUTRIGHT.

Remarks:

Rick J. Bennett

08/30/2021

** 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.