FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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*  MAXWELL TOM E							2. Issuer Name <b>and</b> Ticker or Trading Symbol  MATRIX SERVICE CO [ MTRX ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
WIAAWELL TOWE															Direct	or		10% O	wner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/20/2004									Office below	(give title		Other ( below)	specify	
10701 E UTE STREET							01/20/2004													
10701 L	OIL JIKL	11.1			-															
(Street)						If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
TULSA	OK 74116		74116									X	Form filed by One Reporting Person							
															Form filed by More than One Reporting Person				orting	
(City) (State) (Zip)																				
		Tala	la I Niasa	Davis	- 41			A		n:		of a D		- II. <i>i</i>	0					
		Tab	ie i - Nor	i-Deriv	ative	- Sec	curitie	es Ac	quired,	ופוט	osea	or, or Be	enetic	any	Owne	J				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I	Transaction Disposed Of (D Code (Instr. 5)				and Securiti		ies Fo		n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership	
									an, 10,		<del>                                     </del>			Report		ed ''		(111311.4)	(Instr. 4)	
									Code	٧	Amount	(A) or (D)		e	Transaction(s) (Instr. 3 and 4)					
			abla II I	Dorivat	ivo S	2001	rition	Λ.ο.ο	uired, Di	cnc	sod of	or Pon	oficia	V	wnod			-		
									s, option:						wiieu					
1 Title of	•	2 Transaction	24 Daama	۵ / ۱			, Te N		C Data Eva	,	ble and	7 Title on	.al	<u>,</u>	Duine of	O Number	a. [	10	11 Noture	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exe Expiration I (Month/Day	Date		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (In	s. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [1]	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
													Amour	ıt						
					Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Number of Shares							
Phantom Shares <sup>(1)</sup>	(3)	01/20/2004		$\neg$	A		218		(2)	01	/20/2014	Common Stock <sup>(1)</sup>	218		(3)	218		D		

## **Explanation of Responses:**

- 1. Matrix Service Company Common Stock
- 2. The SAR became 100% exercisable upon grant.
- 3. Not applicable

Tom E. Maxwell

01/22/2004

\*\* 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.