FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

VIII I LO F	AND EXCHANGE COMM	COIN
Machinaton	D C 20540	

OMB APPROVAL 3235-0287 Estimated average burden

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5STATEMENT 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

1(c). S	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* MILLER JAMES HARRY						2. Issuer Name and Ticker or Trading Symbol MATRIX SERVICE CO [MTRX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
MILLE	K JAME	<u>S HARRY</u>												1	Direc	tor		10% O	vner
(Last) (First) (Middle) 15 EAST 5TH STREET						3. Date of Earliest Transaction (Month/Day/Year) 01/01/2025									Office below	er (give title /)		Other (s	specify
SUITE 1100																			
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														V	Form	filed by On	e Rep	orting Pers	on
TULSA OK 74103													Form filed by More than One Reporting Person						
(City)	(St	ate) (Ž	Zip)												. 0.00	•••			
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	l, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/						Execution Date			Transaction Dispose Code (Instr.			es Acquired (A) Of (D) (Instr. 3, 4		and 5) Securi Benefi Owned		cially I Following	Forn (D) c	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
										v	Amount	(A) or (D)			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
COMMON STOCK ⁽¹⁾ 01/01/202)25(2)				V	418	A	\$11.9	97 ⁽³⁾	7 ⁽³⁾ 84,092			D	
		Tal	ole II								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Executi ecurity or Exercise (Month/Day/Year) if any		eemed tion Date, h/Day/Year)	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expira (Monti	tion D		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Der Sec	ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. MATRIX SERVICE COMPANY COMMON STOCK PURCHASED VIA THE MATRIX SERVICE COMPANY 2011 EMPLOYEE STOCK PURCHASE PLAN ("THE ESPP") IN A
- TRANSACTION THAT WAS EXEMPT UNDER BOTH RULE 16b-3(c) AND RULE 16b-3(d) AND IS VOLUNTARILY REPORTED.
- 2. SHARES WERE PURCHASED VIA THE ESPP. THE OFFERING PERIOD CONSISTED OF THE THREE MONTHS ENDED DECEMBER 31, 2024. THE SHARES WERE ACQUIRED ON THE FIRST DAY AFTER THE END OF THE OFFERING PERIOD.
- 3. PER THE ESPP, THE PURCHASE PRICE WAS DETERMINED BY THE LAST CLOSING CONSOLIDATED BID PRICE PER SHARE ON THE PURCHASE DATE.

Remarks:

James H. Miller

01/03/2025

** 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.