FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OIVIB APPF	ROVAL
OMB Number:	3235-0287
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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).

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 10b5-14(a). See best traiting.

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 Iss (Check all applicable) Director 10% Own					
(Last) 15 EAST	Last) (First) (Middle) 5 EAST 5TH STREET						3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024									er (give title		Other (s	1
SUITE 1	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street) TULSA OK 74103														V		filed by One filed by Mo		•	
(City)	(Sta	ate) (Z	<u>Z</u> ip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			red (A) or str. 3, 4 ar	4 and 5) Secur Benef Owne		ities Ficially (I		6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
COMMON STOCK ⁽¹⁾ 10/01/20									A ⁽¹⁾	V	422	A	\$11.8	35 ⁽³⁾	7.	5,384		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)	3A. Deemed Execution D if any (Month/Day)	tion Date,	on Date, Transa Code (6. Date Expira (Monti	tion D		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Der Sec	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	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 SEPTEMBER 30, 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

10/02/2024

** 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.