FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average I | nurden | | | | | | | | |

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).

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* Petrizzo Matthew J | | | | | 2. Issuer Name and Ticker or Trading Symbol MATRIX SERVICE CO [MTRX] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| (Last) | (Fi | | Middle) | | | ate o | | t Trans | action (M | lonth/ | Day/Year) | | - | X | Office below | er (give title w) | | | (specify | | |
| 5100 EA | ST SKELL | Y DRIVE, SUIT | E 700 | | | | 010 | | | | | | | | | | 1 reside | 110 171 | JICI | | |
| (Street) TULSA | OH | < : | 74135 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Indiv ne) X | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Person | | | | | | |
| | | Tabl | e I - Nor | n-Deriv | ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, oı | Ben | eficia | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | ar) I | A. Deemed Execution Date, fany Month/Day/Year) | | Transaction Dispo | | Disposed | ırities Acquired (A ed Of (D) (Instr. 3, | | | 4 and Se Be Ov | | 5. Amount of Securities Beneficially Owned Following Reported | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | : | Transa | ansaction(s) nstr. 3 and 4) | | | (111501.4) | |
| COMMON STOCK ⁽¹⁾ 11/12/ | | | /2010 | | F | | 505 ⁽² | 2) | D | \$9 | \$9.6 | | 0,225(3) | | D | | | | | | |
| | | Та | ıble II - C | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | I. Transaction Code (Instr. 3) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | vative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Ownership Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | nber | | | | | | | |

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 4,725 SHARES OF MATRIX SERVICE COMPANY COMMON STOCK OWNED OUTRIGHT.

Matthew J. Petrizzo 11/12/2010

** 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.