FORM 4

UNITED STATES SECU

Washington, D.C. 20549

RITIES AND EXCHANGE COMMISSION

OMB APPROVAL

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 10b5-1(c). See Instruction 10

STATEMENT 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. Name and Address of Reporting Person* <u>AUSTIN NANCY E</u>				2. Issuer Name and Ticker or Trading Symbol MATRIX SERVICE CO [MTRX]								Relationship of Reporting Person(s (Check all applicable) Director				r ner	
												V	Officer (g below)	give title		Other (s below)	pecify
(Last) (First) (Middle) 15 EAST 5TH STREET				3. Date of Earliest Transaction (Month/Day/Year) 08/27/2024								VP, Chief Admin Officer					
SUITE 110	0																
(Street) TULSA	OK	7 4	103		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State	e) (Zi	p)														
		Tab	le I - Non	-Deriv	vative Se	curities Acq	uired,	Disp	osed of	, or	Benef	ficially (Owned				
1. Title of Security (Instr. 3) 2. Trans Date (Month/			action 2A. Deemed 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)							6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	v	Amount		(A) or (D)	Price	Transactio (Instr. 3 an				msu. 4)
COMMON STOCK ⁽¹⁾ 08/27				7/2024		Α		9,715(2	(2) A		\$0	91,882(3)			D		
		7				urities Acqui							wned				
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any		Date,	4. Transaction Code (Instr. 8)	n Derivative	6. Date Exercisable and Expiration Date (Month/Day/Year)			of S Un De	Title and A Securities derlying rivative S str. 3 and	s Security	8. Price of Derivative Security (Instr. 5) (Instr. 5) (Instr. 5) (Instr. 5) (Instr. 5) (Instr. 5) (Instr. 5)		ve es ally ig d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. MATRIX SERVICE COMPANY COMMON STOCK.
- 2. RESTRICTED STOCK UNIT EACH UNIT WILL ENTITLE THE REPORTING PERSON TO ONE SHARE OF MATRIX SERVICE COMPANY COMMON STOCK IF AND WHEN THE CONDITIONS OF THE RESTRICTION HAVE BEEN SATISFIED. FOR THIS GRANT, 25% WILL VEST EACH YEAR FOR THE NEXT FOUR YEARS ON THE ANNIVERSARY DATES.

Date

Exercisable

08/27/2025

(D)

ν

Code

(A)

9,715⁽⁵⁾

Expiration Date

08/27/2028

Title

COMMON

STOCK⁽¹⁾

- 3. INCLUDES 56,183 SHARES OF MATRIX SERVICE COMPANY COMMON STOCK OWNED OUTRIGHT.
- 4. EACH RESTRICTED STOCK UNIT IS THE ECONOMIC EQUIVALENT OF ONE SHARE OF MATRIX SERVICE COMPANY COMMON STOCK. ALL RESTRICTED STOCK UNITS ARE SETTLED SOLELY IN CASH WHEN VESTED.
- 5. EACH UNIT WILL ENTITLE THE REPORTING PERSON TO THE CASH EQUIVALENT OF ONE SHARE OF MATRIX SERVICE COMPANY COMMON STOCK IF AND WHEN THE CONDITIONS OF THE RESTRICTION HAVE BEEN SATISFIED. FOR THIS GRANT, 25% WILL VEST EACH YEAR FOR THE NEXT FOUR YEARS ON THE ANNIVERSARY DATES.

Remarks:

RESTRICTED

STOCK UNITS

Nancy E. Austin

08/28/2024

(Instr. 4)

9.715

D

** Signature of Reporting Person

Amount

Number

of Shares

9,715

\$0

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).

08/27/2024

** 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.