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

						Section	11 30(1	11) 01 1116	: IIIvesu	ment c	Joinpany Act	01 1340								
1. Name and Address of Reporting Person* <u>Cavanah Kevin S</u>						2. Issuer Name and Ticker or Trading Symbol MATRIX SERVICE CO [MTRX]									5. Relationship of Re (Check all applicable Director		Perso	10% Ov	vner	
(Last) (First) (Middle) 5100 EAST SKELLY DRIVE SUITE 100					05/	3. Date of Earliest Transaction (Month/Day/Year) 05/14/2021									X Officer (give title Other (specify below) VP Finance & CFO					
(Street) TULSA					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Inc Line)													1	
(City)	(Sta		Zip)	Ian Davis		- C		inn A.			: <i>-</i>	-	-		O a al					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					tion	2A. D Exec if any	eemed ution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Insti		d (A) or		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
						ľ			Code	v	Amount	(A) or (D)	Price	•	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
COMMON STOCK ⁽¹⁾ 05/14/20)21			M ⁽²⁾		9,813	A	\$	10.19	117	7,050		D		
COMMON STOCK ⁽¹⁾ 05/14/20)21			S ⁽²⁾		9,813	D	\$12	.3714	3) 107	07,237		D		
COMMON STOCK ⁽¹⁾ 05/14/20					021)21			M ⁽²⁾		7,037	A	\$	10.19	114	4,274		D		
COMMON STOCK ⁽¹⁾ 05/14/20					021)21			S ⁽²⁾		7,037	D	\$12	.3714	3) 107,	.07,237 ⁽⁴⁾		D		
		7	able I							•	posed of			-	Owned			,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transa Code (8)	action	5. N of Deri Sec Acq (A) o Disp	umber ivative urities uired or posed o) tr. 3, 4	6. Date Exert Expiration D. (Month/Day/\)		cisable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ount	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Owners Form Direct or Inc. (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	OI N	umber						
INCENTIVE STOCK OPTION (RIGHT TO BUY) ⁽¹⁾	\$10.19	05/14/2021			M ⁽²⁾			9,813	(5)	11/17/2021	COMMC STOCK),813	(6)	0		D		
NON- QUALIFIED STOCK OPTION (RIGHT TO BUY) ⁽¹⁾	\$10.19	05/14/2021			M ⁽²⁾			7,037	(5)	11/17/2021	COMMC STOCK		7,037	(6)	0		D		

Explanation of Responses:

- 1. MATRIX SERVICE COMPANY COMMON STOCK.
- 2. OPTIONS WERE EXERCISED DUE TO UPCOMING EXPIRATION DATE COMBINED WITH LIMITED TRADING WINDOWS.
- 3. THE PRICE REPORTED IS A WEIGHTED AVERAGE PRICE. THESE SHARES WERE SOLD IN MULTIPLE TRANSACTIONS AT PRICES RANGING FROM \$12.36 TO \$12.42, INCLUSIVE. THE REPORTING PERSON UNDERTAKES TO PROVIDE TO MATRIX SERVICE COMPANY, ANY SECURITY HOLDER OF MATRIX SERVICE COMPANY, OR THE STAFF OF THE SECURITIES AND EXCHANGE COMMISSION, UPON REQUEST, FULL INFORMATION REGARDING THE NUMBER OF SHARES SOLD AT EACH SEPARATE PRICE WITHIN THE RANGE SET FORTH.
- 4. INCLUDES 73,950 SHARES OF MATRIX SERVICE COMPANY COMMON STOCK OWNED OUTRIGHT.
- 5. THE STOCK OPTION BECAME 100% EXERCISABLE ON THE THIRD ANNIVERSARY DATE OF THE GRANT.
- 6. NOT APPLICABLE.

Remarks:

Kevin S. Cavanah

05/18/2021

** 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.