FORM 4

UNITED STATES

Washington, D.C. 20549

SECURITIES AND EXCHANGE COMMISSION

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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)

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

Name and Address of Reporting Person* DURKIN KEVIN A															k all applical Director	,		10% O	wner	
(Last) (First) (Middle) 15 EAST 5TH STREET SUITE 1100						3. Date of Earliest Transaction (Month/Day/Year) 08/27/2024									Officer (give title below) VP Chief Bus Dev/Strat Officer					
(Street) TULSA OK 74103 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Noi	n-Deri	vativ	e Se	curities	Acq	uired,	Dis	oosed of	, or	Benef	ficially (Owned					
Date				Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Di Code (Instr.			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) Securities Beneficiall Owned Fol		Form:	nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
COMMON STOCK ⁽¹⁾ 08/2					27/2024				A 6,801 ⁽²		2)	A	\$ <mark>0</mark>	78,608(3)			D			
		٦									osed of, o				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date I Expiration (Month/	on Da		of S Und Dec	Title and A Securities derlying rivative S str. 3 and	ecurity	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitic Benefici Owned Followir Reporte	ve es ially ng d	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Titl	le	Amount or Number of Shares		Transac (Instr. 4)				

Explanation of Responses:

1. MATRIX SERVICE COMPANY COMMON STOCK.

(4)

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.

08/27/2025

- 3. INCLUDES 54,342 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

Kevin A. Durkin

08/27/2028

COMMON

STOCK⁽¹⁾

08/28/2024

6.801

D

** Signature of Reporting Person

6,801

\$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).

(A)

6,801⁽⁵⁾

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.