FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1, D.C. 20049 | OMB APP | OMB APPROVAL | | | | |
|---------------------------|-------------|--------------|--|--|--|--|
| IN DENEETOIAL OVANIEDOLUD | OMB Number: | 3235-029 | | | | |

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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).

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* Fosbenner Albert | | | | | 2. Issuer Name and Ticker or Trading Symbol MATRIX SERVICE CO [MTRX] | | | | | | | | | | | tionship of Reportin all applicable) Director Officer (give title below) | | 10% (| | Owner (specify | |
|--|--|--|---|-------------------------------|---|---|---|-----|-------------------------------------|--------|--------------------|---|-----------------|---------------------|--|--|---|---|--|--|--|
| (Last) (First) (Middle) 5100 EAST SKELLY DRIVE, SUITE 700 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/22/2010 | | | | | | | | | | VP Acctg & Admin MS | | | | | |
| (Street) TULSA (City) | OF | | 74135 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 5. Indiv ine) X | Form | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transa Date (Month/D | /Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | | | | | , 4 and Sec Ben Owr | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) P | | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | |
| COMMON STOCK ⁽¹⁾ 10/2 | | | | 10/22 | /2010 | | F | | 85 ⁽²⁾ | | D | \$9.42 | | 10,437 | | | D | | | | |
| COMMON STOCK ⁽¹⁾ 10/2 | | | | 10/23 | /2010 | | | | F | | 110(2 |) | D \$9 | | 10,327 | | 0,327 | D | | | |
| COMMON STOCK ⁽¹⁾ | | | 10/23 | 3/2010 | | | | F | | 67(2) | | D | \$9.42 | | 10,260(3) | | | 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. Deeme Execution if any (Month/Da | Date, | 4. Transactic Code (Ins | | | | 6. Date E Expiration (Month/I | n Date | • | 7. Title and Amount of Securities Underlying Derivative Security (In and 4) | | str. 3 | 8. Price Derivati Security (Instr. 5) | vative urity | ve derivative Securities | F D (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | , | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber res | | | | | | | |

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 2,810 SHARES OF MATRIX SERVICE COMPANY COMMON STOCK OWNED OUTRIGHT.

Albert Fosbenner 10/26/2010

** 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.