FORM 4

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 |
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| to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|---------------------------------|------------------------------------|-----------|
| obligations may continue. See | | |

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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* Conner Carlin G. | | | | | 2. Issuer Name and Ticker or Trading Symbol MATRIX SERVICE CO [MTRX] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|---|--|---------|--------|--|--|---|--|-----|---|--|----------|----------|-----------|-------------------------|--|---|--|---|---|------------|--|--|
| Commer Currin G. | | | | | | | | | | | | | | | | Office | tor r (give title | | 10% O Other (| | | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/05/2022 | | | | | | | | | | | below) | | below) | Specify | | |
| SUITE 1100 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | | | | |
| TULSA | Ok | 7 | 4103 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or I | Bene | efici | ally (| Own | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | y/Year) Execution if any | | cution I y | ution Date, | | 3. Transaction Code (Instr. 8) 4. Secur Dispose 5) | | | | | 4 and Sec Ben Owr | | Amount of curities neficially vned Following | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | т | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| COMMON STOCK ⁽¹⁾ 12/05/2 | | | | | 2022 | | | | Α | | 11,571(2 | 2) A | | \$ <mark>0</mark> | 30,952(4) | | ,952(4) | 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) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | (A) or Disposed of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, and 5) | | vative irities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | nstr. | ıt r | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficat 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, 100% WILL VEST ON THE FIRST ANNIVERSARY DATE.
- 3. NOT APPLICABLE.
- 4. INCLUDES 19,381 SHARES OF MATRIX SERVICE COMPANY COMMON STOCK OWNED OUTRIGHT.

Remarks:

Carlin G. Conner

12/07/2022

** 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.