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MATRIX SER	VICE CO									
Form 4										
November 14, 2	2014									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549							OMB APPROVAL			
					OMMISSION	OMB	3235-0287			
Check this b	OOX	vv asn	ington, L	J.C. 2054	19			Number:	January 31,	
if no longer	STATEME	ENT OF CHANG	ES IN B	RENEFICIAL OWNERSHIP OF			Expires: 20			
subject to Section 16.		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per response 0.5		
Form 4 or		SECONTIES								
Form 5	Filed pursu	ant to Section 16	a) of the	Securitie	s Exch	nange	e Act of 1934,			
obligations may continu	Section 17(a)	of the Public Util	ity Holdii	ng Comp	any A	ct of	1935 or Section	ı		
See Instructi		30(h) of the Inve	estment C	ompany	Act of	f 194	0			
1(b).										
(Drint on Tours Des										
(Print or Type Res	ponses)									
1. Name and Add	ress of Reporting Pe	rson * 2 Issuer N	Jame and T	icker or Ti	adina		5. Relationship of	Reporting Pers	on(s) to	
LACKEY PAU		Symbol	21 losuer France and Frence of Frading			Issuer	reporting rons	011(0) 10		
		•	MATRIX SERVICE CO [MTRX]							
(Last)	(First) (Mid			L	-	-	(Chec)	k all applicable)	
(Lust)	(THSt) (With	(Month/Day		isaction			X Director	10%	Owner	
5100 EAST SI		11/13/2014			Officer (give		r (specify			
DRIVE, SUIT	E 700						below)	below)		
	4. If Amend	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
		Filed(Month/Day/Year)				Applicable Line)				
							X Form filed by One Reporting Person Form filed by More than One Reporting			
TULSA, OK 7	4135						Person		porting	
(City)	(State) (Z	ip) Tabla i	I Non Do	ivotivo So	ouritio		uired, Disposed of	or Bonoficial	v Ownod	
1.00.4						s Acqu	· -		•	
1.Title of Security	2. Transaction Date (Month/Day/Year)	E 2A. Deemed Execution Date, if	3. Transactio	4. Securi			5. Amount of Securities	6. Ownership Form: Direct		
(Instr. 3)	(Wolding Duy) (Cur)	any	Code Disposed of (D)						Beneficial	
		(Month/Day/Year)				5)	Owned	~ ·	Ownership	
							Following Reported	(Instr. 4)	(Instr. 4)	
					(A)		Transaction(s)			
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
COMMON	11/12/2011			3,629		\$ 0	27 020 (1)	D		
STOCK (1)	11/13/2014		А	(2)		(3)	37,829 <u>(4)</u>	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
i o	Director	10% Owner	Officer Other				
LACKEY PAUL K 5100 EAST SKELLY DRIVE SUITE 700 TULSA, OK 74135	Х						
Signatures							
Paul K. Lackey 11	/14/2014						

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) MATRIX SERVICE COMPANY COMMON STOCK.

RESTRICTED STOCK UNIT - EACH UNIT WILL ENTITLE THE REPORTING PERSON TO ONE SHARE OF MATRIX SERVICE (2) COMPANY COMMON STOCK IF AND WHEN THE CONDITIONS OF THE RESTRICTION HAVE BEEN SATISFIED. FOR THIS GRANT, 100% WILL VEST ON THE THIRD ANNIVERSARY DATE.

- (3) NOT APPLICABLE.
- (4) INCLUDES 16,900 SHARES OF MATRIX SERVICE COMPANY COMMON STOCK OWNED OUTRIGHT.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.