Edgar Filing: MATRIX SERVICE CO - Form 4

MATRIX SER	VICE CO									
Form 4										
August 29, 201	.3									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL			
CURIVE 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287	
Check this b if no longer	DOX							Expires:	January 31,	
subject to	STATEME	ATEMENT OF CHANGES IN BENEFICIAL OWN					VERSHIP OF	Estimated a	2005 Verage	
Section 16.		SECURITIES						burden hours per		
Form 4 or Form 5		a		~	-			response	0.5	
obligations	-	ant to Section 16(-				
may continu	$\frac{1}{100}$ Section 17(a)	of the Public Utili	•	-	•			n		
See Instruct 1(b).	ion	30(h) of the Inve	sument C	ompany	Act 0	01 194	0			
(Print or Type Res	ponses)									
						-	f Reporting Person(s) to			
LACKEY PAUL K Symbol						Issuer				
		MATRIX	MATRIX SERVICE CO [MTRX]				(Check all applicable)			
(Last)	(First) (Mide	dle) 3. Date of Earliest Transaction					(cheen an apprend)			
			nth/Day/Year)			X_ Director 10% Owner				
5100 EAST SI DRIVE, SUIT	08/27/201	08/27/2013				Officer (give title Other (specify below)				
	4. If Amend	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check					
	Filed(Month/	Filed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
TULSA, OK 7	74135							Iore than One Re		
(City)	(State) (Zij	^{p)} Table I	- Non-Der	ivative Se	curitie	es Acqu	iired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties		5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)		on Date, if TransactionAcquired (A) or Code Disposed of (D)				Securities	Form: Direct		
(Instr. 3)		any (Manth/Day/Waan)					Beneficially	(D) or Indirect (I)	Beneficial	
		(Month/Day/Year)	th/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
					(A)		Reported		× /	
					or		Transaction(s)			
			Code V	Amount	(D)	Price	(Instr. 3 and 4)			
COMMON STOCK (1)	08/27/2013		А	4,700 (2)	А	\$ 0 (3)	34,200 (4)	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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Edgar Filing: MATRIX SERVICE CO - Form 4

Reporting Owners

Reporting Owner Name / Addre	55	Relationships						
FoB o ware commenter	Director	10% Owner	Officer	Other				
LACKEY PAUL K 5100 EAST SKELLY DRIV SUITE 700 TULSA, OK 74135	E X							
Signatures								
Paul K. Lackey	08/29/2013							
<u>**</u> Signature of	Date							

Reporting Person

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 12,100 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.