## Edgar Filing: MATRIX SERVICE CO - Form 4

MATRIX SEF	RVICE CO										
Form 4											
July 29, 2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL		
<b>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</b> Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287		
Check this				8 /					Expires:	January 31,	
if no longer STATEMENT OF CHANG				GES IN BENEFICIAL OWN				ERSHIP OF		2005	
subject to Section 16.		SECURITIES						Estimated average burden hours per			
Form 4 or								response	0.5		
Form 5	Filed pursu	ant to S	Section 16	(a) of the	Securitie	es Ex	change	Act of 1934,	•		
obligations may contin		of the l	Public Util	lity Holdi	ng Comp	bany	Act of	1935 or Section	ı		
See Instruc		30(h)	of the Inve	estment C	Company	Act	of 1940	)			
1(b).											
(Print or Type Re	sponses)										
1. Name and Add	dress of Reporting Pe	erson *	2 Issuer N	Jama and T	Ticker or T	radina		5. Relationship of I	Reporting Pers	son(s) to	
RYAN JAME		_	Symbol	Name and Ticker or Trading				Issuer			
			MATRIX	SFRVIC	TE CO IN	ATB.	X1				
<b>(T</b> - <b>)</b>		1.11. \			L	VI I IX.	<b>[1</b> ]	(Check	c all applicable	:)	
(Last)	(First) (Mi	ddle)	3. Date of E		isaction			Director	100	0	
5100 EAST S	KELLY		(Month/Da) 07/27/201	nth/Day/Year)				Difficer (give)		Owner er (specify	
DRIVE, SUIT			01121120	15				below)	below)		
	12 /00							Presider	nt Matrix Servi	ice	
(Street) 4. If Ame				ndment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mont				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
TUCAOV	74125							_X_ Form filed by O			
TULSA, OK	/4133							Person			
(City)	(State) (Z	Zip)	Table	I - Non-De	rivative Se	ecurit	ies Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. De	emed	3.	4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Executi	ion Date, if	Transactio		-		Securities	Ownership	Indirect	
(Instr. 3)		any		Code	(Instr. 3,	4 and	5)	Beneficially	Form:	Beneficial	
		(Month	/Day/Year)	(Instr. 8)				Owned Following	Direct (D) or Indirect	Ownership (Instr. 4)	
								Reported	(I)	(Instr. 1)	
						(A) or		Transaction(s)	(Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
COMMON	07/07/0015						\$	72.024(2)	D		
STOCK (1)	07/27/2015			М	7,137	А	10.19	73,034 (2)	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)

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1. Title of Derivative Security (Instr. 3)	or Exercise any		Execution Date, if	4. Transactic Code (Instr. 8)	5. Number or of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and A Underlying Se (Instr. 3 and 4
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title
NON-QUALIFIED STOCK OPTION (RIGHT TO BUY) (1)	\$ 10.19	07/27/2015		М	7,137	(3)	11/17/2021	COMMON STOCK (1)

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
I B B B B B B B B B B B B B B B B B B B	Director	10% Owner	Officer	Other			
RYAN JAMES P 5100 EAST SKELLY DRIVE SUITE 700 TULSA, OK 74135			President Matrix Service				
Signatures							

James P. Ryan 07/29/2015

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.
- (2) INCLUDES 48,675 SHARES OF MATRIX SERVICE COMPANY COMMON STOCK OWNED OUTRIGHT.
- (3) THE STOCK OPTION BECOMES 100% EXERCISABLE ON THE THIRD ANNIVERSARY DATE OF THE GRANT.
- (4) NOT APPLICABLE.

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

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.