## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
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hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	e Responses)																
1. Name and Address of Reporting Person* Ciccone Jennifer Ann			2. Issuer Name and Ticker or Trading Symbol MATTHEWS INTERNATIONAL CORP [MATW]							-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  — Director — VP. Human Resources  To State of The						
TWO NOI	RTHSHOR	(First) RE CENTER		3. Date of 09/17/20		Transact	ion (Mo	onth/Da	y/Year	)				VP, HI	ıman Kesourc	es	
(Street) PITTSBURGH, PA 15212				4. If Amendment, Date Original Filed(Month/Day/Year) 08/18/2014							6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)		(State)	(Zip)			Table	I - Non	-Deriva	ative So	ecuritie	s Acquir	red, D	isposed o	of, or Benef	icially Owner	1	
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Year			2A. Deemed Execution Date, i rr) any (Month/Day/Yea		Code (Instr.	nsaction 8)	(A)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Owned Following Reported Transaction(s)		d (	orm:	7. Nature of Indirect Beneficial		
					Coo	de '	V Am	Amount (D) Price (Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)						
Class A Co	ommon Sto	ock	08/14/2014			M	<u>1)</u>	1,0	000	A 3	\$ 36.03	32,17	71		I	)	
Class A Co	ommon Sto	ock	08/14/2014			M	1)	1,8	34 A	A 3	\$ 37.29	32,17	71		I	)	
							Pe in	this fo	rm are	not re	equired	to res	spond u		on containe form displa		1474 (9-02)
							Pe	rsons									1474 (9-02)
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	Code	5. No of Deriv Secu Acqu (A) o	wative rities uired	Pe in a c juired, option 6. Date Expira	rsons this fo current	rm are tly vali ed of, o vertible sable a te	e not re id OME or Benef e securi	equired 3 contro ficially ( ties)	Owned and A derlyin ties	spond unber.  I  Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following	7 10. Owners! Form of Derivati Security Direct (1	11. Naturi of Indired Beneficia ove Ownersh (Instr. 4)
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### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Ciccone Jennifer Ann TWO NORTHSHORE CENTER PITTSBURGH, PA 15212			VP, Human Resources				

### **Signatures**

Jennifer A Ciccone	09/17/2014
**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) This amended Form 4 has been filed to report the correct number of securities beneficially owned at end of period (Table I, Column 5)

#### Remarks:

Stt attached "Footnotes" page

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.