FORM 4

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

| OMB APPROVAL | | | | | | |
|--------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average | burden | | | | | |
| hours per response | 0.5 | | | | | |

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

| (Fillit Of Ty | pe Response | 3) | | | | | | | | | | | | | | |
|---|-------------|-------------------|--|--|---|---|-----------------|---|------------------------|--|---|--------------------------------------|---|---|------------------------------------|--|
| 1. Name and Address of Reporting Person *- Quigley Don W Jr | | | | 2. Issuer Name and Ticker or Trading Symbol MATTHEWS INTERNATIONAL CORP [matw] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director Officer (give title below) Other (specify below) | | | | | |
| | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2016 | | | | | | | | | | | | |
| LAKE FO | OREST, IL | (Street) 60045 | | 4. If Amendment | , Date | Origi | nal Fi | led(Mont | h/Day/Year) | | _X_ Form fil | led by One Repo | Group Filing orting Person One Reporting | | able Line) | |
| (City) |) | (State) | (Zip) | Ta | ble I - | Non- | Deriv | ative S | ecurities . | Acqui | lired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo | | | 2A. Deemed Execution Date, any (Month/Day/Yea | if Code (Instr. 8) | | 4. Securities Acc (A) or Disposed (D) (Instr. 3, 4 and 5 | | of Benefi Report | | Amount of Securities neficially Owned Following ported Transaction(s) str. 3 and 4) | | Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | C | Code V | | Amoun | (A) or (D) | Price | | | | (I) (Instr. 4) | (IIIsu. 4) | | |
| Class A C | Common S | tock | 03/10/2016 | A ⁽¹⁾ | | <u>(1)</u> | | 2,246 | A | \$ 0 | 2,246 | | | D | | |
| indirectly. | | | Table II - F | erivative Securit | ies Ac | | conta the fo | ained in orm dis | n this for splays a | m are | e not rec ently vali | uired to re d OMB cor | nformation espond un ntrol numb | less | EC 1474 (9- 02) | |
| | | | | g., puts, calls, w | | | | | | | | | | | | |
| Security | Conversion | ise (Month/Day/ | Transaction 3A. Deemed Execution Da Annth/Day/Year) | 4. Transaction Code (Instr. 8) | of Deriv Secur Acqu (A) of Dispo of (D) (Instr | 5. Number 6. I and Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | Date Exercisable nd Expiration Date Month/Day/Year) | | Amo Und Secu (Ins: 4) | itle and ount of derlying urities tr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Beneficia Ownersh (Instr. 4) | |
| | | | | Code V | (A) | (D) | Date Exer | cisable | Expiration Date | Title | of Shares | | | | | |

Reporting Owners

| Barredon Orana Nama (Addam | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Quigley Don W Jr 1901 W SOUTHMEADOW LANE LAKE FOREST, IL 60045 | X | | | | | | |

Signatures

| Don W. Quigley, Jr. | 03/11/2016 |
|---------------------------------|------------|
| **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) Award of restricted stock made under the 2014 Director Fee Plan, subject to the agreement entered into under the Plan. In general, the shares vest on the second anniversary of the award.

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.

