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

OMB APPROVAL						
DMB Number:	3235-0287					
Estimated average burden						
ours per response						

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

(Print or Ty	pe Response	es)													
1. Name and Address of Reporting Person * Jensen Paul C.				MA	2. Issuer Name and Ticker or Trading Symbol MATTHEWS INTERNATIONAL CORP [MATW]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Other (specify below)				
(Last) (First) (Middle) TWO NORTHSHORE CENTER					3. Date of Earliest Transaction (Month/Day/Year) 11/16/2016						Presider	nt, Marking	and Fulfill		
(Street) PITTSBURGH, PA 15212				4. If <i>i</i>	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City	7)	(State)	(Zip)		Та	ble I - Non	-Der	ivative S	ecuritie	s Acqu	ired, Disp	osed of, or	Beneficially	Owned	
(Instr. 3) Dat		. Transaction Date Month/Day/Year	Execu any	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8) (In			of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form:	7. Nature of Indirect Beneficial Ownership	
						Code	V	Amoun	· ` ′) or					(Instr. 4)
Class A C	Common S	tock 1	1/16/2016			A(1)		3,300	A	\$ 0	26,764	26,764			
Class A C	Class A Common Stock 11/17/2016					F ⁽²⁾		353	D	\$ 67.40	26,764	26,764			
			Table II -		tive Securit uts, calls, wa							1			
Security	Conversion	3. Transaction Date (Month/Day/Ye	3A. Deeme Execution I	(e.g., pod d Date, if	4. Transaction Code	5. Numbe	ed, Dotions	tained i form dis isposed of conver Date Exer Expirati	of, or Betible second Date	eneficia urities	e not required the not required to the notice of the notic	uired to red OMB con	9. Number Derivative Securities Beneficially	of 10. Owners: Form of	ve Ownership
Security						(A) or Disposed of (D) (Instr. 3, 4, and 5)				4)			Following Reported Transaction (Instr. 4)	Direct (D or Indirec (I) (Instr. 4)	
					Code V	(A) (D)	Dat Exe	e ercisable	Expirati Date	on Titl	Amount or e Number of Shares				
Repor	ting O	wners								-					
Reporting Owner Name / Address			Owner	Relationships				0:1							
Jensen Paul C. TWO NORTHSHORE CENTER		Director	OWNE		t, Markin	g an	d Fulfill	Other							

Signatures

Paul C Jensen	11/18/2016
Signature of Reporting Person	Date

TWO NORTHSHORE CENTER PITTSBURGH, PA 15212

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).

Award of restricted stock under the Company's 2012 Equity Incentive Plan, subject to the agreement entered into under the Plan. In General, 50% of the shares vest on November 16, 2019, subject to continuing employment at that time; 25% of the shares vest in increments of one-third upon the stock price of the Company reaching 105%, 115% and 125% of the price of the Company's common stock on the date of the award for ten consecutive trading days, respectively; and 25% of the shares vest in

- (1) increments of one-third upon the adjusted earnings per share of the company reaching \$3.65, \$3.94 and \$4.26; and in any event no earlier than one year from the date of the grant, subject to continuing employment at that time. Shares that do not achieve the stock price thresholds on or before November 16, 2021 will be forfeited. Shares that do not achieve the adjusted earnings per share thresholds on or before November 16, 2019 will be forfeited.
- (2) Sale of shares to the registrant to cover tax withholdings on the vesting of restricted shares.

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.