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

| OMB APPROVAL | | | | | | |
|---|-----------|--|--|--|--|--|
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| nours 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 * Marsh Robert M | | | MAT | 2. Issuer Name and Ticker or Trading Symbol MATTHEWS INTERNATIONAL CORP [MATW] | | | | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director T Officer (give title below) Other (specify below) | | | | | |
| (Last) (First) (Middle) 108 NANTUCKET DRIVE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/02/2016 | | | | | | | V | P and Treasu | irer | | |
| (Street) | | | 4. If A | 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 | | | | | |
| | JRGH, PA | 15238 | | | | | | | | - | rorm me | ed by More than | One Reporting I | erson | |
| (City |) | (State) | (Zip) | | Tal | ole I - No | n-Dei | rivative S | ecurities | s Acquii | red, Disp | osed of, or l | Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Execut | any | Code (Instr. 8) | | (A) or I | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Beneficially Owned Following Reported Transaction(s) | | Following | Ownership o Form: | . Nature of Indirect Beneficial | |
| | | | | (Month | n/Day/Year) | Code | V | Amoun | (A) or t (D) | Price | or In (I) | | or Indirect | Ownership (Instr. 4) | |
| Class A C | Common S | tock | 12/02/2016 | | | F(1) | | 86 | 11) | \$ 73.23 | 11,209 | | | D | |
| | | | | | ive Securiti | - | cor the ired, I | itained i form dis Disposed | n this fo splays a of, or Be | orm are a curre eneficial | not req | uired to re | nformation espond unl ntrol numb | ess | CC 1474 (9- 02) |
| Derivative | 2. Conversion or Exercise Price of Derivative Security | (Month/Day/ | 3A. Deemed Execution Day Day/Year) any | 4. Transaction Code Year) (Instr. 8) | | 5. Number 6. l | | Date Exercisable Expiration Date onth/Day/Year) | | 7. Ti Amo Undo Secu (Inst 4) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersh Form of Derivativ Security Direct (I or Indire | O) ct |
| | | | | Code | Code V | (A) (I | Ex | te ercisable | | Title | Number of Shares | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | |

| Daniel Carron Name / Address | Relationships | | | | | | |
|---|--------------------|--|------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director 10% Owner | | Officer | Other | | | |
| Marsh Robert M 108 NANTUCKET DRIVE PITTSBURGH, PA 15238 | | | VP and Treasurer | | | | |

Signatures

| Robert M Marsh | 12/06/2016 |
|---------------------------------|------------|
| **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) Sales 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.

