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

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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

| (Print or Ty | pe Response | s) | | | | | | | | | | _ | | | | |
|---|---|--|--|--|--|------------|------------------|---------------|--|--|--------------------|--|--|---|---|---|
| Name and Address of Reporting Person * Kohl Gary Raymond | | | | 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) 11/18/2019 | | | | | | | | | President SC | ıĸ. | |
| (Street) PITTSBURGH, PA 15212 | | | | 4. If | 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 | | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own | | | | | | Owned | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | Exec any | Deemed cution Date, onth/Day/Yea | (Instr. 8) | | | (A) or | 4. Securities Acquire (A) or Disposed of ((Instr. 3, 4 and 5) | | Beneficia | unt of Securities ially Owned Following d Transaction(s) | | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership |
| | | | | (1410) | (World) Bay Tee | | Code | | Amour | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Class A (| Common S | Stock | 11/18/2019 | | | | F ⁽¹⁾ | | 519 | D | \$ 34.7 | 11,770 | | | D | |
| | | | Table II | | vative Secur | | | the red, D | form di | splays a of, or Be | a curre | ently valid | OMB con | spond unle trol numbe | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Y | 3A. Deemed Execution Da | d Date, if | 4. Transaction Code (Instr. 8) | | 5. | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. An Un Sec | Fitle and nount of derlying curities str. 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 Ownershi (Instr. 4) |
| | | | | | Code V | (A | (D) | | e ercisable | Expiration Date | on Tit | Amount or Number of Shares | | | | |
| Renor | ting O | wners | | | | | | | | | | | | | | |

| | Relationships | | | | | | | |
|--|---------------|--------------|---------------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| Kohl Gary Raymond TWO NORTHSHORE CENTER PITTSBURGH, PA 15212 | | | President SGK | | | | | |

Signatures

| /s/ Brian D. Walters (Attorney-in-Fact) | 11/20/2019 |
|---|------------|
| **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) Sale of Shares to the registrant to cover tax withholding on the vesting of restricted shares.

Remarks

The Power of Attorney dated April 23, 2018 was filed on April 25, 2018, in Form 3, and is incorporated herein by reference.

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.