

Downs Nancy E  
Form 3  
January 11, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2005  
Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Downs Nancy E		(Month/Day/Year)	MATRIX SERVICE CO [MTRX]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
		01/04/2006		
10701 E UTE STREET			(Check all applicable)	
(Street)			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below)    (specify below) Vice President/Human Resources	
TULSA,Â OKÂ 74116			6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
------------------------------------	--	---	--

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable    Expiration Date	Title    Amount or Number of Shares			

Edgar Filing: Downs Nancy E - Form 3

Incentive Stock Option (right to buy) <sup>(1)</sup>	Â <sup>(2)</sup>	10/23/2011	Common Stock <sup>(1)</sup>	2,800	\$ 3.025	D	Â
Incentive Stock Option (right to buy) <sup>(1)</sup>	Â <sup>(2)</sup>	10/22/2012	Common Stock <sup>(1)</sup>	3,200	\$ 3.7	D	Â
Incentive Stock Option (right to buy) <sup>(1)</sup>	Â <sup>(2)</sup>	10/21/2013	Common Stock <sup>(1)</sup>	4,400	\$ 12.195	D	Â
Incentive Stock Option (right to buy) <sup>(1)</sup>	Â <sup>(2)</sup>	10/26/2014	Common Stock <sup>(1)</sup>	2,500	\$ 4.6	D	Â
Incentive Stock Option (right to buy) <sup>(1)</sup>	Â <sup>(2)</sup>	08/17/2015	Common Stock <sup>(1)</sup>	5,000	\$ 5.49	D	Â
Incentive Stock Option (right to buy) <sup>(1)</sup>	Â <sup>(2)</sup>	10/21/2015	Common Stock <sup>(1)</sup>	5,000	\$ 8.93	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Downs Nancy E 10701 E UTE STREET TULSA, OK 74116	Â	Â	Â Vice President/Human Resources	Â

## Signatures

Nancy E. Downs                      01/11/2006  
\*\*Signature of                      Date  
Reporting Person

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) Matrix Service Company Common Stock

(2) The stock option becomes exercisable in five equal annual installments, commencing one year after the date of the grant.

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.