FORM 4

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

| OMB APPROVAL | | | | | |
|-------------------------|-----------|--|--|--|--|
| DMB Number: | 3235-0287 | | | | |
| stimated average burden | | | | | |
| ours per respon | se 0.5 | | | | |

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

| | | | | | | | | | | | 4.1 0- | | | |
|--|------------------|---------------|---|--|-----------------------|--|---|------------------------------------|--|---|--|-------------------------|---|---|
| 1. Name and Address of Reporting Person * Neubert Robert G | | | 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) Check all applicable) Other (specify below) | | | | | |
| (Last) (First) (Middle) 433 11TH AVENUE SOUTH | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/01/2006 | | | | | | | | | | | |
| (Street) | | | | 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 | | | | | |
| NAPLES (City | , FL 34102 | (State) | (Zip) | | | | | | | | | | | |
| | | (State) | | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | Code (Instr. 8) | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | Beneficially Owned Follo Reported Transaction(s) | | Following | Ownership Form: | Beneficial |
| | | | | (Month/Day/Year) | Code | V | Amoun | (A) or | Price | or Indirect (I) | | Ownership (Instr. 4) | | |
| Class A (| Common S | tock | 09/01/2006 | | P | · | 1,000 | Ι, | \$ 35.80 | 1,000 | | | (Instr. 4) D | |
| Reminder: indirectly. | Report on a | separate line | for each class of secu | urities beneficially | owned di | | | | and to | the colle | otion of in | formation | CI | C 1474 (0 |
| | Report on a | separate line | | nrities beneficially | | Person con the | sons wh tained i form dis | n this fo | orm ar a curre | e not req | ection of in uired to re d OMB con | spond un | less | CC 1474 (9- 02) |
| | Report on a | separate line | Table II - I | | es Acqui | Person the | sons whatained in form disposed | n this fo splays a of, or Be | orm ar a curre eneficia | e not req ently valid | uired to re | spond un | less | , |
| 1. Title of | 2. Conversion | 3. Transactio | Table II - I (on 3A. Deemed Execution Day (Year) any | Derivative Securiti | es Acqui rrants, o | Personal the red, Deptions er 6. I and ye (Messel 1) | sons whatained in form disposed | of, or Bettible second on Date | eneficia urities) 7. T Am Uno | e not req ently valid | uired to re d OMB cor | espond un ntrol numb | of 10. Ownersh Form of Derivatin Security Direct (I or Indire | 11. Naturi ip of Indired Beneficia Ownersh (Instr. 4) |

Reporting Owners

| Daniel Communication (Addison | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Neubert Robert G 433 11TH AVENUE SOUTH NAPLES, FL 34102 | X | | | | | |

Signatures

| Robert G. Neubert | 09/05/2006 |
|-------------------------------|------------|
| 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).

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.