

(Print or Type Responses)

1. Name and Address of Reporting

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB 32 | 235- |
|-------------------|------|
| Number: 0 | 104 |
| Estimated average | |
| burden hours per | |
| response | 0.5 |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Date of Event Requiring 3. Issuer Name **and** Ticker or Trading Symbol

| Schlatter Martin (Mon | | (Month/Day/Year) | | WIATITLY | IMATTHEWS INTERNATIONAL CORF [MATW] | | | | |
|---|-------------------------|--|------------------|---|-------------------------------------|---------|-----------|---|--|
| (Last) (First) (Middle 410 N. MICHIGAN AVE. | 11/13 | -11/13/2007 - | | 4. Relationshi Person(s) to Is | ssuer | uer | | 5. If Amendment, Date Original Filed(Month/Day/Year) | |
| (Street) CHICAGO, IL 60611 | | | | _X_ Director | Officer (give Other (specify | | | 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) |) | Tal | ble I - | - Non-Derivativ | ve Securitie | s Ben | eficially | Owned | |
| 1.Title of Security (Instr. 4) | | Ben | | lly Owned | | Owner | ship | lirect Beneficial | |
| None | | 0 | | | D | | | | |
| Reminder: Report on a separate line | for each class | s of securiti | ies her | neficially owned di | irectly or indir | ectly. | | SEC 1473 (7-02) | |
| Persons who | respond t to respond | o the colle I unless th | ectior ne for | n of information m displays a cu | rrently valid | OMB | control | 1 | |
| Persons who not required number. | respond t to respond | o the colled unless the neficially Oricisable ton Date | wned 3. Tit | (e.g., puts, calls, value and Amount of cities Underlying vative Security | rrently valid | ons, co | control | 1 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|--------------------------------|---------------|-----------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Schlatter Martin | | | | | |
| 410 N. MICHIGAN AVE. | X | | | | |
| CHICAGO, IL 60611 | | | | | |

Signatures

| Martin Schlatter | 11/16/2007 |
|-------------------------------|------------|
| Signature of Reporting Person | Date |

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).

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.