FORM 4

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

OMB APPROVAL						
OMB Number:	3235-0287					
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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	es)																
Name and Address of Reporting Person * NICOLA STEVEN F				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	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 11/09/2011										CFO, S	ecretary &	Γreasurer	
(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						
(City) (State) (Zip)					Table I - Non-Derivative Securities Acqui								ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)			2. Trans Date (Month/	action Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			Code (A) (D) (D)			A) or Disposed of			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
								Code	V	Amour		(D) Price		e			or Indirect (I: (I) (Instr. 4)	(Instr. 4)
Class A C	lass A Common Stock 11/09/2011			2011				A ⁽¹⁾		15,000) A	\$	\$ 0	128,599			D	
indirectly.			Т	Sable II - D				es Acquire	conta the fo d, Dis	ained in orm dis sposed o	n thi splay	is forr ys a c Bene	m are curre	e not req ntly valid	uired to re	formation espond un atrol numb	less	EC 1474 (9- 02)
	_	l	1	`	.g., p	T		rrants, opt							la = 1 - a		a.l.a	
1. Title of 2. Derivative Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day)	Year) Exec	. Deemed ecution Date, if	ĺ	if Transaction Code (Instr. 8)		of	6. Date Exercisal and Expiration D (Month/Day/Yea			ate	Ame Und Secu	itle and ount of derlying urities tr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Ownership (Instr. 4) D) ect
						Code	V	(A) (D)	Date Exer	cisable		ration	Title	Amount or Number of Shares				
Repor	ting O	wners	- 1														,	
						Relationships												
Reporting Owner Name / Address			Director	10% Own	vner Officer					Ot	Other							
NICOLA STEVEN F																		

Signatures

Steven F. Nicola	11/14/2011
**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).

Award of restricted stock under the Company's 2007 Equity Incentive Plan, subject to the agreement entered into under the Plan. In general, 50% of the shares vest on November 9, 2014, subject to continuing employment at that time. The remaining 50% of the shares vest in increments of one-third upon the stock price of the Company (1) reaching 105%, 115% and 125% of the price of the Company's common stock on the date of the award for ten consecutive trading days, respectively, and in any event no earlier than one year from the date of the grant, subject to continuing employment at that time. Shares that do not achieve the stock price thresholds on or before November 9, 2016 will be forfeited.

CFO, Secretary & Treasurer

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.