FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 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

| 1 NT | pe Response | | * | 2 January Man | and Tiele | on T | ding C | mbo1 | 5 | Relation | nshin of Re | orting Person | n(s) to Issuer | |
|--|------------------|---------------|--|--|---------------------------|---|------------------------|---|---|--|----------------------|--|--|--|
| Name and Address of Reporting Person – DUNN BRIAN J | | | 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) | 3. Date of Earliest Transaction 11/10/2013 | | | n (Month/Day/Year) | | | | Group Pr | resident, Brar | d Solutio | |
| (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 PersonForm filed by More than One Reporting Person | | | | | |
| (City |) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1.Title of S (Instr. 3) | (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | | te, if Code (Instr. 8) | | | | | Beneficially Owned Following Reported Transaction(s) | | | 6. 7. Nature of Indirec Beneficial | f Indirect eneficial |
| | | | | (Month/Day/Year) | Code | V | Amount | (A) or (D) | Price | (Instr. 3 and 4) | | or (I) | r Indirect (In | wnership nstr. 4) |
| ~ | Common St | tock | 11/10/2013 | | F(1) | | 1,417 | 11) | \$ 40.70 | 68,693 | |] | D | |
| | Report on a | separate line | for each class of sec | curities beneficially | owned dire | Perso | ons wh | | | | | nformation | | , |
| Reminder: | Report on a | separate line | Table II - | Derivative Securiti | es Acquir | Perso conta the fo | ons whained in orm dis | n this fo splays a of, or Ber | rm are currer neficiall | not req itly valid | uired to re | nformation espond unle ntrol numbe | ess | C 1474 (9- 02) |
| Reminder: indirectly. 1. Title of Derivative Security | 2. Conversion | 3. Transactio | Table II - on 3A. Deemec Execution E /Year) any | Derivative Securiti | es Acquir | Persoconta the fo ed, Distions, r 6. Da and E | ons whained in orm dis | n this fo splays a of, or Ber tible secu cisable on Date | rm are currer neficiall urities) 7. Tit Amore Under Secure | not req ntly valid y Owned tle and unt of orlying | uired to red OMB con | spond unle | f 10. Ownershi Form of Derivative Security: Direct (D or Indirec | 11. Nation of Indir Benefic Owners (Instr. 4 |

| Daniel Carron Name / Addition | Relationships | | | | | | |
|--------------------------------|---------------|-----------|--------------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| DUNN BRIAN J | | | Group President, Brand Solutio | | | | |

Signatures

| Brian J. Dunn | 11/12/2013 |
|---------------------------------|------------|
| **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 withholdings on the vesting of restricted shares.

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.