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

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

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	s)													
1. Name and Address of Reporting Person * Ciccone Jennifer Ann				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) TWO NORTHSHORE CENTER			3. Date of Earliest Transaction (Month/Day/Year) 11/25/2013							VP,	Human Reso	urces			
(Street) PITTSBURGH, PA 15212			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 Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y					Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	D) Beneficially Owned Following Reported Transaction(s)		Following (s)	Ownership o Form: B	7. Nature of Indirect Beneficial Ownership	
					Code	V	V Amount (A) (A)		Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)		
Class A C	Common St	tock	11/25/2013			F(1)		220	11)	\$ 42.09	29,406			D	
indirectly.				Derivative So			the ed, D	tained i form dis	n this fo splays a of, or Ber	orm are curre neficial	not req	uired to re	formation espond unlo	ess	C 1474 (9- 02)
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Y	Execution Da y/Year) any	ate, if Transaction Code (Year) (Instr. 8)		of	and (Mos	Date Exercisable and Expiration Date Month/Day/Year)		Amo Undo Secu (Inst 4)	tle and bunt of erlying rities r. 3 and	Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	(Instr. 4)
				Code	e V	(A) (D		ercisable		Title	Number of Shares				
Repor	ting O	wners													

Paradia Oman Nama / Addams	Relationships						
Reporting Owner Name / Address	Director 10% Owner		Officer	Other			
Ciccone Jennifer Ann TWO NORTHSHORE CENTER PITTSBURGH, PA 15212			VP, Human Resources				

# **Signatures**

Jennifer A. Ciccone	11/27/2013
**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.

