

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL					
OMB	3235-				
Number:	0104				
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

(Print or Type Responses)									
1. Name and Address of Reporting Person *- Doyle James P	States (Mon	2. Date of Event Rec Statement (Month/Day/Year) - 12/11/2006		3. Issuer Name and Ticker or Trading Symbol MATTHEWS INTERNATIONAL CORP [MATW]					
(Last) (First) (Middle 878 SETTLERS CIRCLE	12/1			4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
SHEBOYGAN FALLS, WI 53	085			DirectorX Officer (give title below)	all applicable) ive 10% Owner other (specify below) dent Memorializatio		_X_ Form filed by One Reporting Person		
(City) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						Owned	
1.Title of Security (Instr. 4)		Ber		lly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
None		0			D				
not required number. Table II - Derivative Se	to respon	d unless the	ne for		rrently valic	ions, con	ontrol	e securities)	
1. Title of Derivative Security (Instr. 4)		Expiration Date th/Day/Year)		tle and Amount of rities Underlying vative Security (. 4)	Conversion or Exercise Price of	e Form Deriv	wnership Beneficial Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Numb of Shares	Derivative Security	Secur Direc or Inc (I) (Instr	t (D) lirect		
Reporting Owners									
Reporting Owner Name / Address Director 10% Owner Office			Relationships		اء				
Doyle James P 878 SETTLERS CIRCLE SHEBOYGAN FALLS, WI 53		tor 10% Ow		fficer Group President	t Memorializ		her		

Signatures

James P. Doyle	12/12/2006
**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.