

(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 APPROVAL      |       |  |  |  |  |
|-------------------|-------|--|--|--|--|
| OMB               | 3235- |  |  |  |  |
| Number:           | 0104  |  |  |  |  |
| Estimated average |       |  |  |  |  |
| burden hours per  | r     |  |  |  |  |
| 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

| Person * BECK DAVID F  | . 3                | Statement (Month/Day/12/01/2003   |                    | MA  | MATTHEWS INTERNATIONAL CORP [MATW]  |   |                          |          |  |  |  |
|--|--------------------|---|--------------------|---|---|---|--------------------------|----------|--|--|--|
| TWO NORTHSHORE   | (Middle)<br>CENTER | 12/01   | 72003              |   | 4. Relationship of Reporting Person(s) to Issuer  |   |                          | ,        | 5. If Amendment, Date Original Filed(Month/Day/Year) |  |  |
| PITTSBURGH, PA 15.   | ` '                |   |                    | (Check all applicable)  Director 10% Own  X Officer (give Other (specifitle below) below)  Controller |   |   |                          |          | Lalan or (Cl1- A1:1:1- T !)                          |  |  |
| (City) (State)   | (Zip)              | Table I - Non-Derivative Securities Beneficially Owned  |                    |   |   |   |                          |          |  |  |  |
| 1. Title of Security (Instr. 4)  |                    | 2. Amount of<br>Beneficially<br>(Instr. 4)  |                    |   |   |   |                          | Owne     | Nature of Indirect Beneficial nership str. 5)        |  |  |
| Class A Common Stock   | k                  |   | 350                |   |   |   | D                        |          |  |  |  |
| not required to renumber.  Table II - Derivative Security  1. Title of Derivative Security (Instr. 4)  2. Dat Expira (Month/ |                    | pond to the collection of espond unless the form of ties Beneficially Owned (e.g. Exercisable and tion Date Day/Year)  3. Title Securit Deriva (Instr. 4) |                    | tion of info<br>form displant<br>ned (e.g., pu<br>3. Title and<br>Securities U                        | f information condisplays a curren  g., puts, calls, warra e and Amount of ities Underlying ative Security 4) |   | ntained in<br>ntly valid | ions, co | s form are<br>B control                              | securities)  6. Nature of Indirect Beneficial Ownership (Instr. 5) |  |
|  | Date<br>Exercis    |   | Expiration<br>Date | Title   | Amoun<br>Numbe<br>Shares  |   | Security 1               | O<br>(]  | Direct (D) or Indirect (I) (Instr. 5)                |  |  |
| Employee Stock Option  | n 01/17/           | /2005   | 01/17/2012         | Class A<br>Common<br>Stock  | 10,000  | ) | \$ 24.37                 |          | D  |  |  |
| Employee Stock Option  | n 12/19/           | /2005   | 12/19/2012         | Class A<br>Common<br>Stock  | 5,000   |   | \$ 21.81                 |          | D  |  |  |
| Reporting Ow   | ners               |   |                    |   |   |   |                          |          |  |  |  |

Relationships

Controller

Other

Director 10% Owner Officer

## **Signatures**

BECK DAVID F

Reporting Owner Name / Address

TWO NORTHSHORE CENTER

PITTSBURGH, PA 15212

| David F. Beck                   | 12/01/2003 |
|---------------------------------|------------|
| **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.