FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

| Washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------------------|----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 | | |
| | 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Scott Christopher A | | | | | 2. Issuer Name and Ticker or Trading Symbol Matson, Inc. [MATX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify | | | | | vner | |
|---|--|----------|--|---|---|-------|---|--------------------------------------|------------------------------|--------|--|--|---|---|--|---|---|--|---------------------------------------|
| (Last) (First) (Middle) 1411 SAND ISLAND PARKWAY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/25/2024 | | | | | | | | X | belov | Officer (give title below) Senior Vice | | below) | вреспу | | |
| (Street) HONOLULU HI 96819 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) (2 | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired | , Dis | posed of | , or E | Benef | icially | / Own | ed | | | |
| Date | | | | | Date Executio (Month/Day/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | es Acquired (A) o Of (D) (Instr. 3, 4 | | | | ties cially I Following | Form (D) o | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Price | | се | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock 01/ | | | | | /2024 | | | | F ⁽¹⁾ | | 378 | D | \$1 | 16.28 | 3 12,240.808 | | | D | |
| Common Stock | | | 01/26/2024 | | | | | F ⁽¹⁾ | F ⁽¹⁾ 236 | | D | \$ | 114.4 | 12,004.808 | | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any | | | tion Date, | Transaction of Code (Instr. 8) Se Ac (A' Dii: | | 5. Nun of Deriva Securi Acquii (A) or Dispos of (D) (Instr. and 5) | ative ities red sed 3, 4 | 6. Date Expirat (Month | tion D | | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | De Se (In: | erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | | | | Amou or | | | | | | |

Date Exercisable

Expiration Date

Explanation of Responses:

1. Represents common stock withheld by the Issuer to cover tax withholding obligations arising from the vesting of a previous grant of restricted stock units

Code

/s/ Christopher A. Scott

Shares

Title

01/27/2024

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

(D)

(A)