FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response:								

	Check this box if no longer subject
١	to Section 16. Form 4 or Form 5
J	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

1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Matson, Inc. [MATX]									(Check	tionship of Reporting all applicable) Director Officer (give title		10% Ov		vner	
(Last) (First) (Middle) 1411 SAND ISLAND PARKWAY						3. Date of Earliest Transaction (Month/Day/Year) 09/16/2021									X	below		iden	Other (specify below) dent	
(Street) HONOLULU HI 96819					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv Line) X	,				
(City)	(St	ate) (2	Zip)														orm filed by More than One Reporting erson			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transaction Date (Month/Day/Ye	Execution [on Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar				nd 5) Secur Benef Owne		cially I Following	Fori (D) (Indi	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								c	Code V		Amo		(A) or (D)			Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Common Stock				09/16/202	021				S ⁽¹⁾		1	,071	D	\$85.6006(2)		59,504.8292			D	
Common Stock 0				09/16/202	21				S ⁽¹⁾		1	,929	D	D \$84.0745		.5 ⁽³⁾ 57,575.8292		D		
Common Stock															1,551.081			I	By 401k	
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year) Transaction Of Code (Instr. De Set Acc (A) Dis of (Instr. Code (Instr. C					rities ired osed	Exp	piration	kercisable and n Date ay/Year)		Amo Secu Unde Deriv	le and unt of crities erlying vative rity (Instit 4) Amour or Numbe	Der Sec (Ins	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	/ O F- D O! (!)	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date		Title	of						

Explanation of Responses:

- 1. The sale of shares reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 11, 2021.
- 2. This transaction was executed in multiple trades at prices ranging from \$85.50 to \$85.6950. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the Securities and Exchange Commission staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 3. This transaction was executed in multiple trades at prices ranging from \$84.06 to \$84.13. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the Securities and Exchange Commission staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

/s/ Ronald J. Forest

09/16/2021

** 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.