FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response	0.5							

	tion 1(b).	11dc. 000		Filed	d pursua or Se	ant to Section 3	Section 30(h) d	n 16(a) of the I	of the s	Securi ent Co	ties Exchang mpany Act o	e Act of f 1940	1934		nours	per res	sponse:	0.5
1. 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				
(Last)	(Last) (First) (Middle) 1411 SAND ISLAND PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 03/13/2024								belov	Officer (give title below) Senior Vic		Other (specify below) e President	
(Street) HONOLULU HI 96819					4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Form Form	or Joint/Group Filing (Check Applicable or filed by One Reporting Person or filed by More than One Reporting erson			
(City)	(Si	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.											nded to		
		Table	I - No	n-Deriva	ative S	Secu	rities	Acc	quired	l, Dis	posed of	, or B	enefici	ially Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		ate,			es Acquired (A) o Of (D) (Instr. 3, 4		nd Securi Benefi Owned	cially I Following	Form (D) o	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price		orted saction(s) r. 3 and 4)			(Instr. 4)		
Common Stock 03/13/2					.024		S		1,171	D	\$107	12,9	3 12,957.808		D			
		Tal	ble II ·								osed of, convertib				d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			3 and 4	nt of ties lying tive ty (Instr. 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code		(A)	(D)	Date Exercisable		Expiration Date	Numb						

Explanation of Responses:

03/13/2024 /s/ Christopher A. Scott

** 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.