SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 [*] Fukunaga Mark H	2. Date of Event Requiring Staten (Month/Day/Year 04/26/2018	nent	3. Issuer Name and Ticker or Trading Symbol <u>Matson, Inc.</u> [MATX]						
(Last) (First) (Middle) 1411 SAND ISLAND PARKWAY			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			()	5. If Amendment, Date of Original Filed (Month/Day/Year)		
	-		Officer (give title below)	e title	Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) HONOLULU HI 96819	_							by One Reporting Person by More than One Person	
(City) (State) (Zip)									
	Table I - Non	-Derivati	ive Securities Benef	ficially	y Owned				
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership Instr. 5)		
			e Securities Benefic nts, options, conve			s)			
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Da (Month/Day/)	ate	3. Title and Amount of Securi Underlying Derivative Securi			4. Conversion or Exercise Price of	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

No securities are beneficially owned.

/s/ Mark H. Fukunaga

04/26/2018

Date

** Signature of Reporting Person

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 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.

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.