FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Washington, D | C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | | |
| hours per response | : 0.5 | | | | | | | | |

| | | | | | | | · / | | | npany Act of | | | | | | | |
|---|-------|----------------------|-----------------|---|---|-------------------------------------|-----------|---------------------------|------------|--------------|---|---|---|---|---|------|-----------|
| Name and Address of Reporting Person* COX MATTHEW J | | | | 2. Issuer Name and Ticker or Trading Symbol Matson, Inc. [MATX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | <u> </u> | | | | | | | X Dire | ctor | 10% Owner | | | | |
| (Last) 1411 SA | (Fir | est) (F D PARKWAY | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/27/2022 | | | | | | | | X Office below | | Other (specify below) & CEO | | |
| (Street) HONOLULU HI 96819 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Lin | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| | | Table | I - Nor | n-Deriva | tive S | ecur | ities Acq | uired, | Dis | posed of, | or Ber | neficia | lly Owr | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date | | | ay/Year) Exec | | A. Deemed xecution Date, any Month/Day/Year) | n Date, Transaction Code (Instr. | | | | | | ount of ties | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | (Month/Da | y/Year) | if any (Mont | | | Instr. | 5) | | | | cially I Following | (D) or Indi | rect | Ownership |
| | | | | (Month/Da | y/Year) | | | | v | 5) Amount | (A) or (D) | Price | Owned Repor Transa | cially I Following | (D) or Indi | rect | |
| Common | Stock | | | (Month/Da) | | | | 8) ` | | , | (A) or (D) | Price \$93.4 | Owned Repor Transa (Instr. | cially I Following ted action(s) | (D) or Indi | rect | Ownership |
| Common | Stock | Tal | | 01/27/2 Derivati | 2022 ve Se | (Mont | ies Acqui | 8) Code F ⁽¹⁾ | v Dispo | Amount | D D | \$93.4 | Owner Repor Transa (Instr. | cially I Following ted action(s) 3 and 4) | (D) or Indi (I) (Instr. 4 | rect | Ownership |

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/ Matthew J. Cox

Title

Expiration

Date

01/28/2022

Transaction(s) (Instr. 4)

** Signature of Reporting Person Date

Amount or Number

Shares

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.

of (D) (Instr. 3, 4 and 5)

(D)

(A)

Date

Exercisable