FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB Number: 3235-0104 EFICIAL OWNERSHIP OF TIES OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

OMB APPROVAL

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 A		eporting Person*	2. Date of E Requiring S (Month/Day 02/01/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol  Matson, Inc. [ MATX ]					
(Last) (First) (Middle) 1411 SAND ISLAND PARKWAY			02/01/2021		4. Relationship of Reporting Issuer (Check all applicable)	·	Í L	5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) HONOLULU HI 96819			=		Director  X Officer (give title below)  Senior Vice Properties of the serior vice Properties of	10% Owner Other (specify below) resident		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					. Amount of Securities Beneficially Owned (Instr. )	3. Owner Form: I (D) or II (I) (Inst	Direct Ov	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock					6,784 <sup>(1)</sup>	I	)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
Ex (M			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)	

## **Explanation of Responses:**

1. The reported number of shares of the Issuer's common stock includes 3,122 shares underlying restricted stock units that will be issued in one or more increments as those units vest over the Reported Person's period of continued employment with the Issuer.

/s/ Laura L. Rascon

02/09/2021

\*\* Signature of Reporting

Date

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

- $^{\star}$  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.