FORM 4

obligations may continue. See Instruction 1(b).

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | | | | | or Sec | 1011 30(11 |) or the | invest | пени | company Aci | 01 1940 | | | | | | |
|---|---|--|------------------------|-------------------------|--|------------|---|--------|-----------------------------|-----------------------|---|---|--|------------------------------------|---|---|--|
| 1. Name and Address of Reporting Person* <u>Fukunaga Mark H</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Matson, Inc. [MATX] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | | | | | | | | | | | X | Dire | ctor | 10% (| Owner |
| (Last) (First) (Middle) 1411 SAND ISLAND PARKWAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/05/2019 | | | | | | | | Officer (give title below) | | | Other below | (specify) |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| HONOLULU HI 96819 | | | | | | | | | | | X | Form filed by One Reporting Person | | | | | |
| | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | |
| | | Tabl | le I - I | Non-Deriv | ative S | ecuriti | es Ac | quire | d, D | isposed (| of, or E | Benefic | ially | Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yell) | | | | Execution Da | | Date, | 3. Transaction Code (Instr. 8) | | | | | d 5) Secu Bene | | rities ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Trans | saction(s) . 3 and 4) | | (111501.4) |
| Common Stock 12/05/201 | | | | | 19 | | | P | | 3,000 | A | \$36.87 | .8796(1) | | 16,059 | D | |
| | | Та | able II | - Derivati (e.g., pເ | | | | | | posed of, converti | | | | vned | | | |
| 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 | | 4. Transactio Code (Inst 8) | | | Expir | te Exe ation I th/Day | | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying tive ty (Instr. 3 | Deriv Secu (Inst | | ve derivative Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | I | 1 | | | | 1 | 1 | | 1 | 1 | Amount | 1 | | I | 1 | 1 |

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$36.81 to \$36.94. The price reported above reflects the weighted average purchase 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.

(D)

Date

Exercisable

Expiration

Date

/s/ Mark H. Fukunaga 12/13/2019

** Signature of Reporting Person Date

or Number

Shares

Title

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).

Code

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.