FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* STUCK KEVIN L | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Matson, Inc. [MATX] | | | | | | | | eck all app Dired | olicable) otor | Person(s) to Issuer 10% Owner Other (specify | | |
|--|--|------|------------------------------|---------|---|--|--|--|---|-----|-------------------|---|---|---|--|---|--|------------|--|
| (Last) (First) (Middle) 1411 SAND ISLAND PARKWAY | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/23/2019 | | | | | | | | | fficer (give title Other (sp elow) below) VP and Controller | | | |
| (Street) HONOLULU HI 96819 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Lin | e) <mark>X</mark> Form Form | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | Tabl | le I - No | n-Deriv | ative | Se | curiti | es Ac | quired, | Dis | posed o | f, or l | 3ene | eficial | ly Own | ∍d | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | A) or 3, 4 and | 5) Secur Benef | 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) (D) | or | Price | Trans | action(s) 3 and 4) | | (111501.4) | |
| Common Stock 01/23/2 | | | | | | | 2019 | | A ⁽¹⁾ | | 3,328 | 1 | A \$0.00 | | 00 | 8,808 | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | e Conversion or Exercise (Month/Day/Year) Frice of Derivative Security Execution Date, if any (Month/Day/Year) 8 | | 4. Transa Code (8) | | nstr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | str. 3 | . Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. Restricted stock units issued under the Issuer's 2016 Incentive Compensation Plan that vest in three equal annual installments beginning a year from the grant date. The restricted stock units also contain dividend equivalent rights.

/s/ Kevin L. Stuck 01/24/2019

** 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.