FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, | D.C. | 20549 | |
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| , | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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] | | | | | | | | | | ionship of Reporting all applicable) Director Officer (give title | | g Person(s) to Is 10% Over (s) | | wner | |
|---|--|--|--------------|---|---|---|-----|--|----------------------------------|--------------|--|---|-----------------------|---|----------------------------------|--|---|--|--|
| (Last) (First) (Middle) 1411 SAND ISLAND PARKWAY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2023 | | | | | | | | | below) below) VP and Controller | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| (Street) HONOL (City) | | 9) ate) (Z |) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Indiv ine) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) | | | | nd 5) Secur Benef | | rities For icially (D) d Following Ind | | n: Direct or ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | (| Code | v . | Amount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | (11130 | , | (111341. 4) | | | |
| Common Stock 02/28/202 | | | .3 | | | S | | 2,760 | D | \$67.4796(1) | | 4,568 | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exe if an | Deemed cution Date, ny nth/Day/Year) | Code (8) | ransaction of Code (Instr. Derivative | | ative rities ired sed . 3, 4 | Expiration Date (Month/Day/Year) | | | Amo Secu Unde Deriv Secu 3 and | Amount or Number of | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$67.41 to \$67.54. The price reported above reflects the weighted average sale 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.

/s/ Kevin L. Stuck

02/28/2023

** 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.