FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049	

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ee Instruction 1				2 100	uer Na	ame ai	nd Tick	er or Tr	ading	Symbol			5 Rel	ationshir	of Reportin	na Persa	on(s) to le	suer	
Name and Address of Reporting Person Sullivan John Warren						2. Issuer Name and Ticker or Trading Symbol Matson, Inc. [MATX]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
					_									V	Office	er (give title		Other (s		
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/13/2024							below) below) Senior Vice President								
1411 SA	ND ISLAN	D PARKWAY																		
(Street)	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)											
HONOL	ULU HI	9	6819										1		orm filed by One Reporting Person					
(City)	(St	ate) (2	(Zip)												Form filed by More than One Reporting Person					
(Oity)	(0)	-		. D	41		.141	A		<u> </u>		F			- 0	!				
4 This -50	2		I - NOI			_		•		DIS	posed of	•							7. N4	
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		Date,	3. Transaction Code (Instr. 8) 3. Transaction Code (Instr. 3, 5)			, 4 and Securiti Benefic Owned		ties cially Following	6. Own Form: I (D) or I (I) (Inst	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) (D)	Pr Pr	ice	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 11/13/2				2024		S		750	D	D \$165		5.5 12,745		D						
		Tal									osed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yes	on Date,	Code (In:				6. Date Exercisab Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er						

Explanation of Responses:

/s/ John W. Sullivan

11/13/2024

** Signature of Reporting Person Date

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

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.

^{*} 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).