FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|--------------|------|-------|
| vacinington, | D.O. | _00.0 |

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|
| |

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

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

| Name and Address of Reporting Person* Lohmeier Michelle | | | | 2. Issuer Name and Ticker or Trading Symbol Mistras Group, Inc. [MG] | | | | | | | | ck all app | , | | | | | |
|---|--|--|---------|--|--|--|-----------------|--------|--------------------|---|---|-------------------|---|--|--|---|--|--|
| (Last) | (Fir | st) (N | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2024 | | | | | | | | Office | er (give title v) | | Other (s below) | pecify | |
| C/O MISTRAS GROUP 195 CLARKSVILLE ROAD | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| (Street) PRINCETON JUNCTION NJ 08550 | | | | Rul | Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | Date, | Code (Inst | | | | 4 and Securi Benefi Owned | | ties Fo cially (D d Following (I) | | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | (A) (D) | or P | rice | | ection(s) 3 and 4) | | | (Instr. 4) | | |
| Common Stock 03/13/2 | | | | /2024 | | | A | | 6,279(1) | 1 | A | \$ <mark>0</mark> | 72,209 | | | 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) | if any | med on Date, Day/Year) | 4. Transa Code (8) | of Deriv Secu Acqu (A) o Dispo of (D (Instr | of Expiration | | | . Date Exercisable and xpiration Date Month/Day/Year) | | | D | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forn Direct or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | Date Exercis | able | Expiration Date | | | er | | | | | | |

Explanation of Responses:

1. Transaction represents an award of stock for director fees.

Michael C. Keefe, attorney-in-03/15/2024 fact for Michelle J. Lohmeier

** 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.