FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, D.C. 20549 |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

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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 PIZZI CHARLES P | | | | | 2. Issuer Name and Ticker or Trading Symbol Mistras Group, Inc. [MG] | | | | | | | | | | Relationshi heck all app X Direc | , | ng Per | rson(s) to Is 10% Ov | |
|--|--|----------|---------|---|---|--|---|----------------------------------|--|-------|-----------------|---|-----------|--------------------|---|--|---------------|--|--|
| (Last) | (F | irst) (f | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2024 | | | | | | | | | Office below | er (give title v) | | Other (s below) | specify |
| C/O MISTRAS GROUP 195 CLARKSVILLE ROAD | | | | | 4. If / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Lir | ne) | dual or Joint/Group Filing (Check Applicab | | | . |
| | Street) PRINCETON JUNCTION 08550 | | | | Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | orting | | |
| (City) | (S | tate) (2 | 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. | | | | | | | | | | | | | nded to |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Exec if an | Deemed cution Date, y nth/Day/Year) | | 3. 4. Securitie Disposed (5) 5) | | | es Acquired (A) Of (D) (Instr. 3, 4 | | (A) or . 3, 4 a | nd Securi Benefi Owned | cially I Following | Form (D) o | n: Direct or Indirect ostr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) |) or) | Price | Report Transa (Instr. | ed ction(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 03/13/2 | | | | | | 2024 | | | | | 6,279(1) | | A \$0 | |) 4 | 48,616 | | 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 | | | | Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | f g nstr. | 8. Price of Derivative Security (Instr. 5) | 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) |
| | | | | | Code | e V (A) (D) | | Date Expiration Exercisable Date | | Title | or Nur of | ount mber ares | | | | | | | |

Explanation of Responses:

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

/s/ Michael C. Keefe, attorney-03/15/2024 in-fact for Charles P. Pizzi

** 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.