FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | .C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | | |
| 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

| Name and Address of Reporting Person* <u>Prajzner Edward J</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Mistras Group, Inc. [MG] | | | | | | | | (Ch | eck all appl Direct | tor r (give title | ng Pe | 10% O Other (| | |
|--|--|--|--------|--------------------------------|--|---|--|--|-----------------|--------------------------|--------------------|--|-----------------------------------|------------------------|--|---|------------------------------|--|---|
| (Last) (First) (Middle) C/O MISTRAS GROUP 195 CLARKSVILLE ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2021 | | | | | | | | | pelow | , | below) | | |
| JUNCTI | INCETON NI 08550 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Si | | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | | | 1 | | | | Dis | posed of | - | | | _ | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execution | | | Date, | Code (In | | | | | | d Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | rice | Transac | nsaction(s) tr. 3 and 4) | | | (11150.4) |
| Common Stock 03/16/2 | | | | | | 2021 | | | Α | | 7,156(1) |) A \$ | | \$ <mark>0</mark> | 20,848 | | | D | |
| Common Stock 03/16/2 | | | | | | 2021 | | | A | | 8,400 A | | A | \$ <mark>0</mark> | 29 | 29,248 | | 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 | emed on Date, (Day/Year) | | 4. Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exerc ion Da Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | ly O Fi D oi (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | oer | | | | | |

Explanation of Responses:

1. Transaction represents an award of restricted stock units for payment of a performance award earned, which vests 25% on March 16, 2022 and on December 31 in 2022, 2023 and 2024.

/s/ Michael C. Keefe, attorney-03/18/2021 in-fact for Edward J. Prajzner

** Signature of Reporting Person

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.