FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL							
OMB Number: 3235-028							
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* <u>Lange Michael J.</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol  Mistras Group, Inc. [ MG ]					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
(Last) (First) (Middle) C/O MISTRAS GROUP, INC. 195 CLARKSVILLE ROAD					3. Date of Earliest Transaction (Month/Day/Year) 01/21/2014					X	X Officer (give title below) Other (specify below)  Group EVP, Services						
(Street) PRINCETO	NI	C	08550	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Year)	Line)	Individual or Joint/Group Filing (Check Applicable le)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ite) (	Zip)														
		Tab	le I - Non-De	rivativ	re Se	curities	Acq	uired, Dis	posed of	, or Bene	ficially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/L				action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		A) or 3, 4 and 5)	5. Amount Securities Beneficial Owned Fo	s Form ally (D) or ollowing (I) (In		n: Direct II r Indirect E istr. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
			Code V			Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				med. 4)				
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 Month/Day/Year Month			3A. Deemed Execution Date, if any (Month/Day/Year	4. Transa Code 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		LO. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)			
Performance Share Unit	\$0	01/21/2014		A		16,596 <sup>(2)</sup>		(1)	(1)	Common Stock	16,596	\$0	16,596	6	D		
Performance Share Unit	\$0	01/21/2014		A		16,596 <sup>(3)</sup>		(1)	(1)	Common Stock	16,596	\$0	33,192	2	D		
Performance Share Unit	\$0	01/21/2014		A		16,596 <sup>(4)</sup>		(1)	(1)	Common Stock	16,596	\$0	49,788	В	D		

## Explanation of Responses:

- 1. These performance share units vest to the extent earned on or about September 7, 2016. The number of shares of common stock earned may be more or less than the number of units.
- $2. \ These \ performance \ share \ units \ are \ for the \ one-year \ performance \ period \ of \ fiscal \ 2014.$
- 3. These performance share units are for the two-year performance period of fiscal 2014 to 2015.
- $4. \ These performance share units are for the three-year performance period of fiscal 2014 to 2016.$

Michael C. Keefe, attorney-infact for Michael J. Lange 01/23/2014

\*\* 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.