

[] 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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|-------------------|-------------------------------------|--|--|-----------|------------------------------|--------------------|---|--|--------------------|--|---|--|--|--|--------------|--|
| SHULAR CRAIG S (Last) (First) (Middle) | | | | | MATERION Corp [MTRN] 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | X_Directo | r | 1 | 0% Owner | | | |
| 6070 PARKLAND BLVD. | | | | | | 5/9/2019 | | | | | | | | Officer (give title below) Other (specify below) | | | | |
| | (Stre | eet) | | | 4. I | f An | nendmer | nt, Date (| Origin | nal Fi | led (MM/I | DD/YYYY | 6. Individual | or Joint/G | roup Filing | (Check Appl | icable Line) | |
| MAYFIELD (C | | | | | | | | | | | | | X Form filed | by One Repo by More than O | orting Person One Reporting P | 'erson | | |
| | | | Table I | - Non | -Der | ivati | ive Secu | rities Ac | equir | ed, D | isposed | of, or B | eneficially Ow | ned | | | _ | |
| 1. Title of Security (Instr. 3) 2. Trans | | | 2. Trans. | | | | 3. Trans. Code (Instr. 8) | | or Dis (Instr | 4. Securities Acquired or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) I | | . Amount of Securities Beneficially Owned ollowing Reported Transaction(s) Instr. 3 and 4) | | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | Tabl | le II - Deri | vative S | Securi | ties E | Bene | ficially (| Owned (| e.g | , puts | s, calls, v | varrants | s, options, conv | ertible sec | curities) | | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans. Date | 3A. Deer Execution Date, if a | n (Ins | Frans. (str. 8) | Securitie | | Acquired sposed of | 6. Date Exercisable and Expiration Date | | Securities | Underlying e Security | nderlying Derivative security Security | | Security: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | C | Code | V | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | or Indirect (I) (Instr. 4) | | |
| Restricted Stock Units | <u>(1)</u> | 5/9/2019 | | | A | | 1381 | | 2 | <u>(2)</u> | <u>(3)</u> | Commo Stock | on 1381.0 | \$68.79 | 1381 | D | | |

Explanation of Responses:

- (1) Each restricted stock unit represents a right to receive one share of MTRN common stock.
- (2) The restricted stock units are subject to a one year vesting period.
- (3) Expiration Date is the same as the Date Exercisable.

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| SHULAR CRAIG S | | | | | | | | |
| 6070 PARKLAND BLVD. MAYFIELD HTS.,, OH 44124 | X | | | | | | | |

Signatures

Nicole A. Pytlak / Atty in fact

** 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 control number.