

INITIAL STATEMENT OF 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 * <b>Matosevic Josef</b>  (Last) (First) (Middle) <b>2227 WELBILT AVENUE</b>  (Street) <b>NEW PORT RICHEY, FL 34655</b>  (City) (State) (Zip)	2. Date of Event Requiring Statement (MM/DD/YYYY) <b>2/11/2016</b>	3. Issuer Name and Ticker or Trading Symbol <b>Manitowoc Foodservice, Inc. [MFS]</b>
4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  ____ Director ____ 10% Owner ____ <input checked="" type="checkbox"/> Officer (give title below)      ____ Other (specify below) <b>SVP Chief Operating Officer /</b>		
5. If Amendment, Date Original Filed (MM/DD/YYYY)		6. Individual or Joint/Group Filing (Check Applicable Line)  ____ <input checked="" type="checkbox"/> Form filed by One Reporting Person ____ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
<b>Common Stock</b>	<b>24154</b>	<b>D</b>	

Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 4)	2. Date Exercisable and Expiration Date (MM/DD/YYYY)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

Remarks:  
Power of Attorney attached

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
<b>Matosevic Josef</b> <b>2227 WELBILT AVENUE</b> <b>NEW PORT RICHEY, FL 34655</b>			<b>SVP Chief Operating Officer</b>	

Signatures

Maurice D. Jones by Power of Attorney  
\*\*Signature of Reporting Person

3/14/2016  
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 5(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.