FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	DVAL						
l	OMB Number:	3235-0287						
l	Estimated average burden							
l	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* LUSK JAMES S						2. Issuer Name and Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ABM]									Check	all app Dired	olicable)		ssuer Owner (specify
(Last) (First) (Middle) 551 FIFTH AVENUE SUITE 300						3. Date of Earliest Transaction (Month/Day/Year) 11/03/2014									X	belov	w) ``	below President/C)` '
(Street) NEW YORK NY 10176 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Ac	quired	, Dis	posed o	f, or	Ben	eficia	ally	Owne	ed		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ur) Ē	Execution f any	. Deemed ecution Date, any onth/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			4 and S		ount of ities icially d Following ted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Code	v	Amount		A) or D)	Price		Transa	action(s) 3 and 4)		(11301. 4)		
Common Stock 11/03/2									A		292(1)		A \$27		.26	26 65,696 ⁽²⁾		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)	ivative Conversion Date Execution or Exercise (Month/Day/Year) if any			Date, ay/Year)	4. Transaction Code (Instr. 8)			ative rities ired osed	Expiration (Month/IIII	Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares			rice of vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. Dividend equivalent rights (DERs) accrued on the restricted stock units granted under the 2006 Equity Incentive Plan and, if applicable, on performance shares granted under the 2006 Equity Plan, to the extent that such performance shares have been earned under the performance share program relating to such shares. DERs vest in the same manner as the awards to which they relate. Each DER is the economic equivalent of one share of ABM common stock.
- 2. Includes 39,562 unvested RSUs, 3,514 vested RSUs, the receipt of which has been deferred and DERs relating to the RSUs, adjusted to reflect the cumulative effect of fractional shares, 2,342 performance shares earned but not vested with respect to performance shares granted on 3/8/2012, 2,543 performance shares earned but not vested with respect to performance shares granted on 1/14/2013, and DERs related thereto.

Remarks:

By: Barbara L. Smithers, by power of attorney

11/04/2014

** 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.