FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| heck this box if no longer subject to |
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| ection 16. Form 4 or Form 5 |
| oligations may continue. See |
| otrustion 1/h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Block Andrew D. | | | | | 2. Issuer Name and Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ABM] | | | | | | | | | k all app Dired | ionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specif | | | Owner | |
|---|--|------------|---------------------------------|---------------------------|--|---|---------|--------|---------------------|---|--------------------|---|---|--------------------|--|----------------------------------|---|--|--|
| (Last) ONE LIE | BERTY PL | , | Middle) | | 3. Date of Earliest Tran 02/03/2020 | | | | | saction (Month/Day/Year) | | | | | | EVP a | | below | |
| (Street) NEW YO | | Y 1 | 10006 | | 4. If | f Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Ind Line) X | Forn Forn | dual or Joint/Group Filing Form filed by One Repo Form filed by More than Person | | | orting Person | |
| (City) | (S | ate) (| Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or E | Benefic | ially | Owne | ed | | | |
| Date | | | 2. Transac Date (Month/Da | | Exe if ar | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | and 5) Securities Beneficially Owned Follow | | ies cially Following | Form: (D) or | wnership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | v | Amount | (A) o | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common Stock 02/03/20 | | | | 2020 |)20 | | | A | | 51 ⁽¹⁾ | A | \$0.0 | 0000 | 14,099(2) | | | D | | |
| Common Stock | | | | | | | | | | | | | | | 28 | | | I | By Jennifer A. Block Revocable Trust |
| | 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 | | Execution if any | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | | | Exerc ion Da /Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Der Sec (Ins | Price of rivative curity str. 5) | ative derivative rity Securities | Owners Form: Direct (I or Indire (I) (Insti | wnership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | , | (A) (D) | | Date Exercisable | | Expiration Date | Title | or Number of Shares | | | | | | |

1. Dividend equivalent rights (DERs) accrued on the restricted stock units granted under the 2006 Equity Incentive Plan. DERs vest in the same manner as the restricted stock units to which they relate. Each DER is the economic equivalent of one share of ABM common stock.

2. Includes 14,100 unvested RSUs and DERs relating to the unvested RSUs, adjusted to reflect the cumulative effect of fractional shares.

By: David R. Goldman, by power of attorney

02/05/2020

** 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.