FORM 4

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 Check this box if no longer subject

| OMB APPROVAL | | | | | | | | |
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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* Golder Jill | | | | 2. Issuer Name and Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ABM] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|--|----------|--------------------|---|--|---|------------------|---|---|-------|--|--------------|---|--|--|---|---------------------------------------|---|-------------|--|
| Golder Jill | | | | | | | | | | | <u>, </u> | | | X | Direc | tor | | 10% O | wner | |
| (Last) (First) (Middle) ONE LIBERTY PLAZA | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/02/2020 | | | | | | | | | Office below | cer (give title w) | | Other (specify below) | | |
| 7TH FL | I FL | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NEW YO | ORK N | Y 1 | 0006 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| , | | | | | | | | | | | | | | | Perso | | ic tilaii | One rep | or unig | |
| (City) | (S | tate) (Z | ⊻ ip) | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acc | uired | , Dis | posed of | , or E | Benefic | cially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acc Disposed Of (D) 5) | | | | | and Securit Benefic | | ties cially I Following | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | • | Transa | saction(s) r. 3 and 4) | | | (IIIsti. 4) | |
| Common Stock 11/02/20 | | | | | 2020 | | | | A | | 17(1) | A | \$0.0 | 0000 4,081 ⁽²⁾ | | 081(2) | B1 ⁽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) | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disport (D | r osed) r. 3, 4 | Expira (Month | tion D | Vear) Securi Underl Deriva Securi 3 and 4 | | int of ities rlying ative ity (Instr | Der Sec (Ins | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Ownership Form: Direct (D) or Indirect | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | of Shares | | | | | | | |

Explanation of Responses:

- 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 3,315 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

** Signature of Reporting Person Date

11/04/2020

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.