SEC Form 4

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

-	-								
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Instruction 1(b)			Filed pursuant to Section 16(a) of the Securities Exchange Act of 19 or Section 30(h) of the Investment Company Act of 1940	34 hours per response: 0.5
1. Name and Address of Reporting Person* JACOBSEN RENE (Last) (First) (Middle) ONE LIBERTY PLAZA 7TH FL			2. Issuer Name and Ticker or Trading Symbol <u>ABM INDUSTRIES INC /DE/</u> [ABM] 3. Date of Earliest Transaction (Month/Day/Year) 07/14/2020	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) EVP & Chief Fac Svcs Officer
(Street) NEW YORK (City)	NY (State)	10006 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person
		Table I - Non-De	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol <u>ABM INDUSTRIES INC /DE/</u> [ABM] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) EVP & Chief Fac Svcs Officer 006 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (4. Securities / Disposed Of (Beneficially Owned Following	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	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	07/14/2020		A		17,492(1)	Α	\$0.0000	46,468 ⁽²⁾	D	

										_					
		Ta	ble II - Derivat (e.g., pเ					iired, Disp options, d					d		
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction Date 4. Ve Conversion 0 Date Execution Date, Transa y or Exercise (Month/Day/Year) if any Code (of Deriv Secu Acqu (A) o Disp of (D	r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Restricted stock units (RSUs) granted under the 2006 Equity Incentive Plan, representing a contingent right to receive shares of common stock. Units vest in two equal annual installments beginning a year from the grant date, and will settle in shares of common stock. Dividend equivalent rights (DERs) will accrue.

2. Includes 43,935 unvested RSUs and 1,099 performance shares earned but not vested with respect to TSR performance shares granted on 9/11/2017. Such RSUs and performance shares include DERs.

By: David R. Goldman, by 07/16/2020 power of attorney

** 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.