FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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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

| Name and Address of Reporting Person* SALMIRS SCOTT B (Last) (First) (Middle) | | | | | | | 2. Issuer Name and Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ABM] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | onship of Reporting all applicable) Director Officer (give title below) President | | | 10% Owner Other (specify below) | | |
|---|---|--|--|---------|-----------|--|---|--------|------------------|---|----------------------|--|------------------------------------|---------|--|---|--|---|---|--|--|
| 551 FIFTH AVENUE SUITE 300 | | | | | | 09/06/2015 | | | | | | | | | | | | | | | |
| (Street) NEW YORK NY 10176 (City) (State) (Zip) | | | | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ine) | , | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Sec | curitie | s Acc | quired | , Dis | posed o | f, or | Ben | efici | ally O | wne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | r) Ei | A. Deemed xecution Date, any Month/Day/Year) | | | | | ties Acquired (A) o I Of (D) (Instr. 3, 4 | | | and 5) Sec Ber | | ount of ties cially d 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) Pr | | Price | _ т | Transaction(s) (Instr. 3 and 4) | | | | (111341. 4) | | | | |
| Common Stock 09/06/2 | | | | | | 2015 | | | | | 1,151 | | D | \$29.24 | | 28,883 | | | D | | |
| Common Stock 09/08/2 | | | | | | 3/2015 | | | | | 15,635 ⁰ | [1) | Α | \$0 | | 44,518(2) | | | D | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | Transaction Code (Instr. | | of | | 6. Date Exercis: Expiration Date (Month/Day/Yea | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | | 8. Pric Deriva Securi (Instr. | vative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ov Fo Dii or (I) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or | nber | | | | | | | |

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 50% on the second anniversary of the grant date and 50% on the fourth anniversary of the grant date, and will settle in shares of common stock. Dividend equivalent rights (DERs) will accrue.
- 2. Includes 30,664 RSUs and DERs relating to RSUs, adjusted to reflect the cumulative effect of fractional shares, and 2,657 performance shares earned but not vested with respect to performance shares granted on 1/14/2013, and 943 performance shares earned but not vested with respect to performance shares granted on 1/14/2014, and DERs related thereto.

Remarks:

By: Barbara L. Smithers, by power of attorney

09/09/2015

Date

** Signature of Reporting Person

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.