FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b) |
|--------|---|
| \Box | Section 16. Form 4 or Form 5 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

| | | | or Section So(n) of the investment Company Act of 1940 | | | | | | |
|---|-----------------|----------|---|-------------------|---|-----------------------|--|--|--|
| 1. Name and Address of Reporting Person* HERRINGER MARYELLEN C | | | 2. Issuer Name and Ticker or Trading Symbol <u>ABM INDUSTRIES INC /DE/</u> [ABM] | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) | | | | |
| | | | | | Director | 10% Owner | | | |
| (Last) 551 FIFTH AV | (First) ENUE | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 09/24/2015 | | Officer (give title below) | Other (specify below) | | | |
| SUITE 300 | | | | _ | | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | /idual or Joint/Group Fili | ng (Check Applicable | | | |
| (Street) | | | | X | Form filed by One Re | porting Person | | | |
| NEW YORK | NY | 10176 | | | Form filed by More th Person | an One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
|---------------------------------|--|---|---|---|--------|---------------|---------|---|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Common Stock | 09/24/2015 | | М | | 10,000 | Α | \$19.78 | 137,878 ⁽¹⁾ | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security urity (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 | | | | |
| Stock Options ⁽²⁾ | \$19.78 | 09/24/2015 | | М | | 10,000 | | (3) | 11/01/2015 | Common Stock | 10,000 | \$0 | 0 | D | |

Explanation of Responses:

1. Includes 9,814 unvested RSUs and 15,291 vested RSUs, the receipt of which has been deferred, and DERs relating to the unvested and vested RSUs, adjusted to reflect the cumulative effect of fractional shares.

2. Stock options granted under the 1987 Time-Vested Plan.

3. 20% exercisable on 11/1/2006 and 20% on the anniversary date each of the following four years.

Remarks:

By: Barbara L. Smithers, by power of attorney 09

09/28/2015

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.

Person Date

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