Instruction 1(b).

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, I	D.C. 20549
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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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person*			2. Issuer Name <b>and</b> Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ ABM ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
SALMIRS SCOTT B						1,1 11	120	<u> </u>		110	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	J.,,		X	Direct	tor		10% O	wner
(Last)						3. Date of Earliest Transaction (Month/Day/Year)								X	Office	r (give title		Other ( below)	specify
ONE LII	BERTY PL	AZA	ŕ		03/0	05/06/2024									President and CEO				
7TH FL					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applica					
(Stroot)				,										X Form filed by One Reporting Person					on
(Street) NEW YORK NY 10006														Form filed by More than One Reporting Person				orting	
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication														
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to									
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or Be	nefici	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Execution Date,				s Acquired (A) o of (D) (Instr. 3, 4 a		and Securi Benefi		ties Fe cially (E d Following (I)		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	in Tr		Transaction(s) (Instr. 3 and 4)			(111511. 4)
Common Stock 05/06/20					.024		A		734(1)	A	\$0.00	0000 40		3,391		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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		Code (	nsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Expression Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Searce		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)			

## **Explanation of Responses:**

1. Dividend equivalent rights (DERs) accrued on the restricted stock units granted under the 2006 Equity Incentive Plan and the 2021 Equity and Incentive Compensation 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.

By: David R. Goldman, by power of attorney

05/08/2024

\*\* 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.