FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFI	CIAL OWNE	RSHIP

	OMB APPRO	OVAL
	OMB Number:	3235-0287
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l	hours per response:	0.5

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

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

1. Name and Address of Reporting Person* SALMIRS SCOTT B					2. Issuer Name and Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ABM]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
															Direc	ctor	1	0% O	wner		
(Last) (First) (Middle)					3.5	Date of Earliest Transaction (Month/Day/Year)								\dashv	X		Officer (give title below)		Other (specify below)		
(Last)	•	· ·	iviluule)			11/02/2015										President and CEO					
551 FIFT	'H AVENU	E																			
SUITE 300																					
-					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														١٠	X	Eorn	a filed by One	n Donortina	Dorce	on	
NEW YO	ORK N	Y 1	l0176												, , ,						
					-										Form filed by More than One Reporting Person						
(City)	(S	tate) (Zip)																		
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	es Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		Code	Transaction Disposed Code (Instr. 5)			ties Acquired (A) d Of (D) (Instr. 3, 4			Securi Benefi Owner	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Price	,	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			11/02	2/2015	2015			A	Г	180(1)		A	\$28	3.64	43,863(2)		D			
		Та									osed of, onvertib					vned			<u> </u>		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Date,	Date, Transaction Code (Instr.				6. Date Exercisable a Expiration Date (Month/Day/Year)		te	Amount of		str. 3	Deri Secu	Price of crivative curity (str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	or Nui of	ount nber ares							

Explanation of Responses:

- 1. Dividend equivalent rights (DERs) accrued on the restricted stock units granted under the 2006 Equity Incentive Plan and, if applicable, on performance shares granted under the 2006 Equity Plan, to the extent that such performance shares have been earned under the performance share program relating to such shares. DERs vest in the same manner as the awards to which they relate. Each DER is the economic equivalent of one share of ABM common stock.
- 2. Includes 28,801 RSUs and DERs relating to RSUs, adjusted to reflect the cumulative effect of fractional shares, 2,672 performance shares earned but not yet vested with respect to performance shares granted on 1/14/2013, 948 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

11/04/2015

** 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.