FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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

| 1. Name and Address of Reporting Person* VALENTIN RAUL JAVIER | | | | | | 2. Issuer Name and Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ABM] | | | | | | | | | k all app | tionship of Reporting Po all applicable) Director Officer (give title below) EVP and C | | 10% O | | |
|--|---|-------|--------------------------------------|----------|---|---|--|--|--|----------|-----------|---|--|----------------------|--|--|--|---|-------------|--|
| | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/14/2022 | | | | | | | | | belov | below) | | | | | |
| (Street) NEW YO | | | 0006 Zip) | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind Line) X | Form Form | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benef | iciall | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5) | | | | | 4 and Securi Benefi | | ties cially Following | Form (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | V Amount | | (A) (D) | or Pri | ice | Transaction(s) (Instr. 3 and 4) | | | | (111041. 4) | |
| Common Stock 07/14/20 | | | | | 2022 | | | | F | | 309(1) | D | \$4 | 42.16 | | 13,411 | | 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) | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disp of (D | r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of irrivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. Represents common stock withheld by the Issuer to cover tax withholding obligations arising from the vesting of a previous grant of Restricted Stock Units.

By: David R. Goldman, by 07/15/2022 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.