FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	)VAL				
	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(b).

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* <u>CARBO ANGELIQUE M</u>							2. Issuer Name and Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ ABM ]								heck all a Dir		g Person(s) to Is  10% C			
(Last) (First) (Middle) 551 FIFTH AVENUE, SUITE 300						3. Date of Earliest Transaction (Month/Day/Year) 02/02/2015										ow) SVP - Hum	ıan Re	below)		
(Street) NEW YORK NY 10176  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) <mark>X</mark> Fo Fo	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ır) E	xecution	A. Deemed secution Date, any lonth/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4			d Sec Ben Owr	mount of urities eficially ed Following orted	Form (D) or	nership : Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A (D	) or )	Price	Tran	saction(s) r. 3 and 4)			(111341. 4)	
Common	Stock			02/02	/2015				A		64(1)		A	<b>\$29</b> .	.31	13,555 <sup>(2)</sup>		D		
		Та	ıble II - C								sed of, onvertib				y Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	xercise (Month/Day/Year) if any (Month/Day/Year) vative		Date, y/Year)	4. Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date  Date Expiration Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Number of Title Shares		ount nber	8. Price o Derivative Security (Instr. 5)		O Fo Di or (I)	D. wnership orm: irect (D) r Indirect ) (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, 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 9,169 RSUs and DERs relating to the RSUs, adjusted to reflect the cumulative effect of fractional shares, 1,936 performance shares earned but not vested with respect to performance shares granted on 1/14/2013, and 689 performance shares earned but not vested with respect to performance shares granted on 1/14/2014, and DERs related thereto. The total shares reported have been reduced by 12 shares because a previous Form 4 inadvertently overstated the number of DERs acquired in November 2014 by this amount.

## Remarks:

By: Barbara L. Smithers, by 02/04/2015 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.