SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAI

| OMB Number: 3235-0287 | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| Estimated average burden | | | | | | | |
| 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).

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

| 1. Name and Address of Reporting Person* | 2. Issuer Name and Ticker or Trading Symbol <u>ABM INDUSTRIES INC /DE/</u> [ABM] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|--|---|--|--|--|--|
| <u>GARCIA ART A</u> | | X Director 10% Owner | | | | |
| (Last) (First) (Middle) ONE LIBERTY PLAZA | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2021 | Officer (give title Other (specify below) below) | | | | |
| 7TH FL | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) NEW YORK NY 10006 | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (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) | Code (Instr. | | | | 5. Amount of Securities Beneficially Owned Following | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|--------------|---|--------|---------------|---|--|---|-----------|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common Stock | 02/01/2021 | | A | | 67(1) | A | \$0.0000 | 15,439 ⁽²⁾ | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 5. Numbei 3A. Deemed Execution Date, 6. Date Exercisable and Expiration Date 7. Title and Amount of 8. Price of Derivative 9. Number of derivative 10. Ownership 11. Nature of Indirect 1. Title of 3. Transaction Derivative Conversion Date Transaction (Month/Dav/Year) Derivative Security or Exercise if any (Month/Day/Year) Code (Instr. (Month/Day/Year) Securities Security Securities Form: Beneficial Securities Acquired Ownership (Instr. 3) Price of 8) Underlying (Instr. 5) Beneficially Direct (D) (Instr. 4) Derivative or Indirect Derivative Owned Following Security (A) or Disposed Security (Instr. 3 and 4) (I) (Instr. 4) Reported of (D) (Instr. 3, 4 and 5) Transaction(s) (Instr. 4)

Explanation of Responses:

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

Date

Exercisable

2. Includes 3,055 unvested RSUs and 10,881 vested RSUs, the receipt of which has been deferred, and Dividend Equivalent Rights relating to the unvested and vested RSUs, adjusted to reflect the cumulative effect of fractional shares.

By: David R. Goldman, by
power of attorney02

Amount or Number

of Shares

Title

Expiration

Date

02/03/2021

** 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).

Code V

(A) (D)

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.