FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL							
	OMB Number:	3235-0287							
	Estimated average burden								
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

							()				' '										
l	d Address of	2. Issuer Name and Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ABM]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
CHIN I	1211	TOM INDUSTRIES INC /DE/ [ADM]										Direc	ctor		10% C)wner					
																	officer (give title elow)		Other (specify below)		
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)										,	countin	,		
ONE LIBERTY PLAZA						01/15/2018									SVP - Chief Accounting Officer						
7TH FLOOR																					
/ III LOOK						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Ctroot)						II / inchamoni, bate of Original Filed (Month/bay/Teal)									Line)						
(Street) NEW YORK NY 10006															X Form filed by One Reporting Person						
NEW IC	JKK N	ĭ	10006												Form filed by More than One Reporting					orting	
																Pers	on				
(City)	(S	tate) (Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of S	Security (Ins	tr. 3)		2. Transa Date	action	ction 2A. Deemed Execution Date,			3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3,								ount of		6. Ownership Form: Direct	7. Nature of Indirect	
			(1	Month/D	Day/Year) if any (Month/Day/Year			· av/Year)	Code (Instr. 5)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Beneficially Owned Following		(D) or Indirect (I) (Instr. 4)	Beneficial Ownership			
							(Monthin Day) Tear)		W					Re		ted	(1) (111311.	(,, ((Instr. 4)		
									v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)						
Common Stock 01/15/									F		1,745	D \$38		26,911(1)		5,911 ⁽¹⁾	D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
											onvertib				,						
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution D		Code (Inst		on of tr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities			8. Price of Derivative Security		9. Number o derivative	10. Ownership	11. Nature of Indirect		
Security	or Exercise	(Month/Day/Year)	if any	/													Securities	Form	Form:	Beneficial	
(Instr. 3)	tr. 3) Price of (Month/Da			Day/Year) 8)			Securities Acquired		Underlyii Derivativ					(Instr	7. 5) Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
	Security						(A) or		Security (Instr.				str. 3			Following Reported		(I) (Instr. 4)	, ,		
							of (D) (Instr. 3, 4 and 5)		and 4)			· -+)			Transaction		(s)				
														(Instr. 4)							
				H			-	<u>, </u>		Т		\vdash	Δ	ount							
												or	ount								
								Date		Expiration		Nur	mber								
			- 1	Code	v	(A)		Exercisa		Date	Title		ares								

Explanation of Responses:

1. Includes 12,331 RSUs, adjusted to reflect the cumulative effect of fractional shares, 1,466 performance shares earned but not vested with respect to TSR performance shares granted on 9/8/2015 and DERs related thereto.

> By: Barbara L. Smithers, by power of attorney

01/17/2018

** 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.