## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasiiiigton,	D.C.	2034

OMB APPROVAL								
OMB Number:	3235-0287							
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0.5

hours per response:

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

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Name and Address of Reporting Person*     CHIN DEAN A						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	<u>JEAN A</u>				1	2111	11 12 0	<del>, , , , , , , , , , , , , , , , , , , </del>	CILU II		<u> </u>	1010	- 1			Direc	ctor		10% C	wner
														_	X		Officer (give title elow)		Other (specify below)	
(Last)	(F	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/07/2017										,		Scounting Officer		cor
ONE LIBERTY PLAZA				00/	0//2	017								SVP - Chief Accounting Officer						
7TH FLO	)OR																			
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(Street)															X	Forn	n filed by One	e Renort	ina Pers	on
NEW YO	ORK N	Y	10006												71		•	•	•	
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(City)	/6	State)	(7in)													. 0.0				
(City)	( .	olale)	(Zip)																	
		Tab	le I - Noi	n-Deriv	ative	Sec	curitie	s Acc	quired,	Dis	posed c	of, o	r Ben	efici	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)			Execution (Cay/Year) if any		Execution f any	Deemed ecution Date, ny onth/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4			4 and Secur Benef			Form: [ (D) or li	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							′ <del>  °,</del>							Reported		(,, (	(,, (,	(Instr. 4)		
									Code	V	Amount		(A) or (D)	Price	•		ction(s) 3 and 4)			
Common Stock 08/0				08/07	07/2017				A		52(1)		A	\$44.7		7 22,379 <sup>(2)</sup>		I	)	
		Ta	able II - I													vned				
			(	e.g., pu	ıts, c	alls	, warr	ants,	option	ıs, c	onvertib	ole s	securi	ties)						
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year) if any (Month/Day Month/Day			Date,	Date, Transaction Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own For Dire or II (I) (I	nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Date		Expiration	Amou or Numb of								

## **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.

2. Includes 11,291 RSUs, adjusted to reflect the cumulative effect of fractional shares, 1,581 performance shares earned but not vested with respect to TSR performance shares granted on 9/8/2014, 403 performance shares earned but not vested with respect to performance shares granted on 1/15/2015, 382 performance shares earned but not vested with respect to performance shares granted on 4/10/2015, and DERs related thereto.

By: Barbara L. Smithers, by power of attorney

08/08/2017

\*\* 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.