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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this bo | x if no longer subject to |
|-----------------|---------------------------|
| | orm 4 or Form 5 |
| | ay 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

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response. | 0.5 | | | | | | | | |

| 1. Name and Address of Reporting Person [*] ZACCAGNINI STEVE | | | 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) Director 10% Owner |
|--|---------------------------------|----------------|---|---|
| (Last) 551 FIFTH A SUITE 300 | (First) (Middle) TFTH AVENUE | | 3. Date of Earliest Transaction (Month/Day/Year) 12/21/2010 | X Officer (give title Other (specify below) below) Executive Vice President |
| (Street) NEW YORK (City) | NY (State) | 10176 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X 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. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|--------|---------------|---------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | |
| Common Stock | 12/21/2010 | | S | | 3,693 | D | \$26.3 | 39,969 | D | |
| Common Stock | 12/21/2010 | | S | | 400 | D | \$26.31 | 39,569 | D | |
| Common Stock | 12/21/2010 | | S | | 100 | D | \$26.32 | 39,469(1) | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (a, a) pute calls upgrade acting accountil to account the securities

(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number of Expiration D Derivatives Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | te Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
|---|---|--|---|------------------------------|---|---|-----|---------------------|--------------------|---|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Includes 30,577 RSUs and DERs relating to the RSUs, adjusted to reflect the cumulative effect of fractional shares, and 6,769 performance shares earned but not vested with respect to performance shares granted on 1/12/2009 and DERs related thereto.

Remarks:

By: Barbara L. Smithers, by

power of attorney

12/22/2010

** 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.

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