FORM 4

obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Occident 10. Form 4 of Form 5		

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* McConnell Sarah H (Last) (First) (Middle)					<u>AI</u>	Issuer Name and Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ABM] Jate of Earliest Transaction (Month/Day/Year)									eck all appl Direct	or r (give title	g Pers	10% Ov Other (s below)	wner (specify		
(Last) (First) (Middle) 551 FIFTH AVENUE SUITE 300				05/	05/03/2010										SVP/GEN. COUNSEL/CORP. SECTY.						
(Street) NEW YO			10176 (Zip)		- 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(3			n-Deriv	/ative	e Se	curitie	es Ac	auired.	Dis	posed	of. or B	ene	 ficiall	ly Owne						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			action	2A. Deemed Execution Date, if any (Month/Day/Year		3. 4. Secur Transaction Dispose Code (Instr. 5)			rities Acquired (A) or ed Of (D) (Instr. 3, 4 and			5. Amor Securiti	unt of es ially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount	(D)		Price	Transac (Instr. 3	action(s) 3 and 4)			(
Common Stock 05/03/2				3/2010	2010		A		93(1	93 ⁽¹⁾ A \$		\$22.0	03 19,850 ⁽²⁾			D					
		Т	able II -						uired, D , option						Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		ransaction Code (Instr.		n of		ercisa Date //Yea	ole and 7. Title and Amount of Securities Underlying Derivative (Instr. 3 and		of s ng e Sec		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisabl		xpiration ate	Title	or	ount mber ares							
Dividend Equivalent Rights	(3)	05/03/2010			A		17		(3)		(3)	Common Stock	1	L7	\$0.0	17		D			

Explanation of Responses:

- 1. Dividend equivalent rights (DERs) accrued on the restricted stock units (RSUs) granted under the 2006 Equity Incentive Plan. DERs vest in the same manner as the RSUs to which they relate. Each DER is the economic equivalent of one share of ABM common stock.
- 2. Includes 10,570 unvested RSUs, 2,216 vested RSUs, the receipt of which has been deferred and DERS relating to the RSUs, adjusted to reflect the cumulative effect of fractional shares, and 2,634 performance shares earned but not vested with respect to performance shares granted on 1/12/2009 and DERs related thereto.
- 3. DERs accrued on the performance shares granted on 1/8/2008 under the 2006 Equity Incentive Plan. DERs vest in the same manner as the performance shares to which they relate. Each DER is the economic equivalent to one share of ABM common stock.

Remarks:

By: Barbara L. Smithers, by power of attorney

05/05/2010

** 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.