FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								

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).

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* ON A CORDER COOPER 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)					
GIACOBBE SCOTT J						TENT IT IS COTTUES IT TO TELL [TIBIN]										Direc	ctor	10%	Owner	
,					-										X		er (give title		(specify	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									belov	,	belov	,	
ONE LIBERTY PLAZA					10/	10/11/2016								Pres - Building & Energy						
7TH FLC	OR																			
					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														٦٦	X Form filed by One Reporting Person					
NEW YO	ORK N	Y	10006												, , ,					
					.										Form filed by More than One Reporting Person					
(City)	(9	state) (Zip)													. 0.0				
(City)	(-	nate) (,Ζιρ)																	
		Tab	le I - No	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	of, o	r Ben	efici	ally	Owne	ed			
1. Title of S	Security (Ins	tr. 3)		2. Trans	action				3.	4. Securities Acquired (A)								6. Ownership	7. Nature	
				Date (Month/	Day/Yea	exy/Year) Execution Date, if any (Month/Day/Year)		Transa Code (Disposed Of (D) (Instr. 3, 4 5)		. 3, 4 a	and Securi			Form: Direct (D) or Indirect	of Indirect Beneficial			
					,							Owne		d Following (i)	(I) (Instr. 4)	Ownership				
									0.4	v			(A) or	Price		Repor Transa	action(s)		(Instr. 4)	
									Code	Ľ	Amount		(D)	Price	•	(Instr. 3 and 4)				
Common Stock 10/11/					11/2016				F		2,494	1	D	\$38.21		32,833(1)		D		
		T/	shla II I	Dorivat	ivo S	001	ritios	Λοαιί	irod D	icno	sed of,	or I	Donof	iciall	· O	wnod				
		10									onvertib				y Ov	viieu				
1. Title of	2.	3. Transaction	3A. Deem		4.				6. Date Exercisal				7. Title and			ice of 9. Number			11. Nature of Indirect Beneficial	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Dat if any	Date,	ate, Transacti				Expiration Date (Month/Day/Year)			Amount of Securities			Derivative Security		derivative Securities	Ownership Form:		
					8)			Securities		(,			Underlying		(Instr. 5)		Beneficially Owned	Direct (D)	Ownership	
						Acquired (A) or				Derivative Security (Instr.					3		Following	or Indirect (I) (Instr. 4)	(Instr. 4)	
						Disposed of (D) (Instr. 3, 4		Disposed					and 4)				Reported Transaction(s)	(6)		
									1								(Instr. 4)	(5)		
						ànd 5)]						
				Ī									Am	ount						
									or Numbe											
								Date		Expiration		of					1			
			l		Code	V	(A)	(D)	Exercisa	ble	Date	Titl	le Sh	ares					1	

Explanation of Responses:

1. Includes 10,598 RSUs and DERS relating to the RSUs, adjusted to reflect the cumulative effect of fractional shares, 2,357 performance shares earned but not vested with respect to performance shares granted on 1/14/2014, 623 performance shares earned but not vested with respect to performance shares granted on 1/15/2015, and DERs related thereto..

By: Barbara L. Smithers, by power of attorney

10/13/2016

** 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.