Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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										

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1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>DeVries James David</u>					ABM INDUSTRIES INC /DE/ [ABM]									X	Direc	,		10% O	wner		
															Office	er (give title		Other (specify		
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 01/05/2023									belov	v)		below)								
ONE LII	01/0	13/202	.5																		
7TH FL			-	1 1/4 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1								6. Individual or Joint/Group Filing (Check Applicable									
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi Line)	/idual oi	r Joint/Grou	p Filin	ng (Check A	pplicable		
(Street)														X Form filed by One Reporting Person							
NEW YO	ORK N	Y 1	0006												Form filed by More than One Reporting						
															Perso	on					
(City)	(S	tate) (2	Zip)																		
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	l, Dis	sposed of	, or B	enefi	cially	Own	ed					
1. Title of Security (Instr. 3) 2. Transacti					ion													7. Nature			
Date (Month/Day/					/Year) Execution Date, if any (Month/Day/Year)			Transaction Disposed Of (D) (Instr. 3, 4 5)			str. 3, 4	Benefi		cially (D)) or Indirect E	of Indirect Beneficial Ownership				
					(WOIIII/Day/Teal			i cai j	 			. T	Repor		ted			(Instr. 4)			
									Code	l۷	Amount	(A) o (D)	Price	Э	Transaction(s) (Instr. 3 and 4)						
Common Stock 01/05/20					.023			A		3,288(1)	A	\$0.	0000 4		1,538		D				
		Tal	hle II :	. Derivati	ive Se	Curi	ties	Δcai	ired	Disn	osed of,	or Be	nefici	ally (Owner	d		<u> </u>			
			5.0								convertib					-					
1. Title of	2.	3. Transaction	3A. Deemed Execution Date,		4.	4:	5. Number		6. Date Exer Expiration D			7. Title and			rice of			10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	if any	,	Trans Code		of Derivative		(Montl			Amount of Securities		Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3) Price of Derivative		(Monti	h/Day/Year)	8)		Securities Acquired		1			Deriva	Underlying Derivative		str. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
	Security					(A) or Disposed		Security (In 3 and 4)					.		Following Reported Transaction(s) (Instr. 4)		(I) (Instr. 4)				
						of (D) (Instr. 3, 4															
					and 5)								, , ,								
											Amor		t								
										Evniration		Numbe of	r								
					Code V		(A) (D)			Expiration Date	Title	or Shares									

Explanation of Responses:

1. Annual grant of restricted stock units (RSUs) to non-employee directors granted under the 2021 Equity and Incentive Compensation Plan, representing a contingent right to receive shares of common stock. All such RSUs vest on the first anniversary of the grant date. Dividend equivalent rights (DERs) will accrue.

By: David R. Goldman, by power of attorney

01/09/2023

** 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.