FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

1. Name and Address of Reporting Person*  Hytinen Barry			2. Date of Event Requiring Statement (Month/Day/Year) 10/29/2025  3. Issuer Name and Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ ABM ]								
(Last) (First) (Middle) ONE LIBERTY PLAZA			Î	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owne		,	5. If Amendment, Date of Original Filed (Month/Day/Year)				
7TH FLOC (Street) NEW YORK	NY	10006			Officer (give title below)		specify 6.		Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
				4	•	(D) or li	ndirect	OWIII	oromp (mour.	<b>5</b> )	
				erivative	•	(D) or li (I) (Inst	ndirect r. 5)		eromp (mour	<b>5</b> )	
1. Title of De	rivative Securit	(e.g.		erivative s, warran	Securities Beneficia	(D) or li (I) (Insti- lly Owr ble sec	ndirect r. 5)	sion cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

## Remarks:

bhpoaexecuted.txt

No securities are beneficially owned.

By: David R. Goldman, by 10/31/2025 power of attorney

\*\* Signature of Reporting

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 5 (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.