FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| | OMB APPRO | VAL | | | | | | |
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| | OMB Number: | 3235-0287 | | | | | | |
| | Estimated average burden | | | | | | | |
| l | 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 | n 30(h) | of the Í | nvestmer | nt Cor | npany Act | of 1940 | 0 | | | | | | | |
|---|--|------|-----------|-------------------------------|--|---------|---------|--|-------------------|---|---|---------|--|--|--|---|---|--|------|----------|
| Name and Address of Reporting Person* CHAVEZ LINDA | | | | | 2. Issuer Name and Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ABM] | | | | | | | | | 5. Relationship of Reporting Person(s) to (Check all applicable) X Director 10% | | | | | suer | |
| (Last) (First) (Middle) ONE LIBERTY PLAZA | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/06/2017 | | | | | | | | | | Office pelow) | er (give title | | Other (specify below) | | |
| 7TH FLOOR (Street) NEW YORK NY 10006 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (5) | | Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | า-Deriv | ative | Sec | uritie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally Ov | vne | d ——— | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution | | n Date, | | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and Secu Bene | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (4 | A) or D) | Price | Tra | ansac | saction(s) r. 3 and 4) | | | (1130.4) |
| Common Stock 02/06 | | | | | 5/2017 | | | | A | | 49(1) | | Α | \$40 |).4 | .4 18,234 ⁽²⁾ | | Ι |) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | | Transaction Code (Instr. B) S | | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price Derivati Security (Instr. 5 | ivative urity tr. 5) | 9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owi For Dire or Ii (I) (I | nership m: ect (D) ndirect nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Ame or Nun of Sha | | | | | | | |

Explanation of Responses:

- 1. Dividend equivalent rights (DERs) accrued on the restricted stock units granted under the 2006 Equity Incentive Plan. DERs vest in the same manner as the restricted stock units to which they relate. Each DER is the economic equivalent of one share of ABM common stock.
- 2. Includes 9,356 unvested RSUs and 3,724 vested RSUs, the receipt of which has been deferred, and DERs relating to the unvested and vested RSUs, adjusted to reflect the cumulative effect of fractional

By: Barbara L. Smithers, by power of attorney

02/07/2017

** 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.