FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEME |
|----------------------------------------|---------|
| Section 16. Form 4 or Form 5           |         |
| obligations may continue. See          |         |
| Instruction 1(b).                      | File    |

## INT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person* <u>CHAVEZ LINDA</u> |                                                                                      |         |           |         |                              | 2. Issuer Name and Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ ABM ] |                                                             |                                 |                                      |                                                                                     |                     |                                            |                                                                                                                               |                      |                                                                                                                                           |                                | o of Reportir<br>blicable)<br>ctor                                                                                      | ng Perso                      | on(s) to Is<br>10% C                                 |                                                                    |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------|---------|-----------|---------|------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------|--------------------------------------|-------------------------------------------------------------------------------------|---------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------|--------------------------------------------------------------------|
| _                                                            | ONE LIBERTY PLAZA                                                                    |         |           |         |                              | 3. Date of Earliest Transaction (Month/Day/Year) 08/07/2017                 |                                                             |                                 |                                      |                                                                                     |                     |                                            |                                                                                                                               |                      |                                                                                                                                           | Officer (give titl<br>below)   |                                                                                                                         | Other (specify below)         |                                                      |                                                                    |
| 7TH FLOOR  (Street)  NEW YORK NY 10006                       |                                                                                      |         |           |         |                              |                                                                             |                                                             |                                 |                                      |                                                                                     |                     |                                            |                                                                                                                               |                      | Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person  Form filed by More than One Reporting |                                |                                                                                                                         |                               |                                                      |                                                                    |
| (City)                                                       | (St                                                                                  | ate) (. | Zip)      |         |                              |                                                                             |                                                             |                                 |                                      |                                                                                     |                     |                                            |                                                                                                                               |                      |                                                                                                                                           | Pers                           |                                                                                                                         |                               |                                                      | orung .                                                            |
|                                                              |                                                                                      | Tabl    | e I - Nor | n-Deriv | ative                        | Se                                                                          | curitie                                                     | s Ac                            | quired,                              | Dis                                                                                 | posed o             | f, or                                      | Bene                                                                                                                          | eficia               | lly C                                                                                                                                     | Owne                           | ed                                                                                                                      |                               |                                                      |                                                                    |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D     |                                                                                      |         |           |         |                              | ar)   I                                                                     | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                                 | Transaction Dispo<br>Code (Instr. 5) |                                                                                     | Disposed            | rities Acquired (A<br>ed Of (D) (Instr. 3, |                                                                                                                               |                      | , 4 and S                                                                                                                                 |                                | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported                                               |                               | nership<br>Direct<br>Indirect<br>tr. 4)              | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|                                                              |                                                                                      |         |           |         |                              |                                                                             | v                                                           | Amount                          | ()                                   | A) or<br>D) Price                                                                   |                     | Trans                                      |                                                                                                                               | ction(s)<br>3 and 4) |                                                                                                                                           |                                | (111341.4)                                                                                                              |                               |                                                      |                                                                    |
| Common Stock 08                                              |                                                                                      |         |           |         | 7/2017                       | 7                                                                           |                                                             |                                 | A                                    |                                                                                     | 50(1)               | ) A                                        |                                                                                                                               | \$44                 | 14.7                                                                                                                                      |                                | ,335(2)                                                                                                                 | ]                             | D                                                    |                                                                    |
|                                                              |                                                                                      | Та      |           |         |                              |                                                                             |                                                             |                                 |                                      |                                                                                     | sed of,<br>onvertib |                                            |                                                                                                                               |                      | / Ow                                                                                                                                      | ned                            |                                                                                                                         |                               |                                                      |                                                                    |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any |         |           | Date,   | 4.<br>Transa<br>Code (<br>8) |                                                                             |                                                             | ative<br>rities<br>ired<br>osed | Expiratio<br>(Month/D                | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Date |                     |                                            | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4)  Amoun<br>or<br>Numbe<br>of |                      |                                                                                                                                           | ce of<br>ative<br>rity<br>. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ow<br>For<br>Dir<br>or<br>(I) | vnership<br>rm:<br>ect (D)<br>Indirect<br>(Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |

## **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 6,899 unvested RSUs and 6,282 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

08/08/2017

\*\* 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.