Edgar Filing: ABM INDUSTRIES INC /DE/ - Form 4

ABM INDUS Form 4 March 10, 20	STRIES INC /DE	/								
FORM							OMB APPROVAL			
	UNITEDS		RITIES A ashington			NGE C	COMMISSION	OMB Number:	3235-0287	
Check thi if no long	or							Expires:	January 31, 2005	
subject to STATEMENT OF Statements			CHANGES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Estimated average burden hours per		
Form 4 or Form 5 Filed pursuant to Section 16			16() 64	с ·	· -		A (C1024	response 0		
obligation may conti <i>See</i> Instru 1(b).	inue. Section 17(a	uant to Section) of the Public 30(h) of the	Utility Hol	ding Con	npan	y Act of	f 1935 or Section	1		
(Print or Type R	Responses)									
McConnell Sarah H Symbol			BM INDUSTRIES INC /DE/				5. Relationship of Reporting Person(s) to Issuer			
							(Check all applicable)			
(Last) 551 FIFTH A	(First) (M AVENUE, SUITE	(Month	of Earliest Tr /Day/Year) 2015	ransaction			Director X Officer (give below) SVP/GEN. CO	title Othe below)	Owner r (specify . SECTY.	
				ndment, Date Original			6. Individual or Joint/Group Filing(Check			
				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State) (Zip) Ta	ble I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transacti Code) (Instr. 8)	4. Securi or(A) or D (Instr. 3, Amount	ties A ispose 4 and (A) or	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	03/08/2015		F	1,813	D	\$ 29.37	51,797 <u>(1)</u>	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
McConnell Sarah H 551 FIFTH AVENUE SUITE 300 NEW YORK, NY 10176			SVP/GEN. COUNSEL/CORP. SECTY.				
Signatures							
By: Barbara L. Smithers, by po attorney	wer of		03/10/2015				
**Signature of Reporting Person	n		Date				

Explanation of Responses:

- 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).

Includes 20,603 unvested RSUs, 12,655 vested RSUs, the receipt of which has been deferred, and DERS relating to the RSUs, 2,489 performance shares earned but not vested with respect to performance shares granted on 1/14/2013, 1,478 performance shares earned but

(1) not vested with respect to performance shares granted on 1/14/2014, and DERs related thereto. Adjustments have also been made to reflect the cumulative effect of fractional shares and the final performance achievement related to performance shares granted on 3/8/2012.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.