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

| ABM INDUSTR Form 4 March 05, 2015 | IES INC /DE/ | | | | | | | |
|--|--|---|---|----------|--|--|---|--|
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Statement of CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | OMB Number: Expires: Estimated a burden hou | rs per | |
| Form 4 orresponse0.5Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,0.5obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section0.5See Instruction30(h) of the Investment Company Act of 19401940 | | | | | | | | |
| (Print or Type Respo 1. Name and Addres HERRINGER M | 2. Issuer Name and Symbol ABM INDUSTR [ABM] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | (First) (Middle) ENUE, SUITE 300 | 3. Date of Earliest Tr (Month/Day/Year) 03/04/2015 | ansaction | | X_ Director Officer (give below) | | o Owner er (specify | |
| NEW YORK, N | te Original | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) (Zip) | Table I - Non-D | erivative Securi | ties Acq | uired, Disposed of | , or Beneficial | lly Owned | |
| | any | ution Date, if Transacti Code th/Day/Year) (Instr. 8) | 4. Securities onAcquired (A) o Disposed of (D (Instr. 3, 4 and (A) or Amount (D) |) | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common 03. Stock | 6/04/2015 | А | 5,958 A | \$0 | 127,634 (2) | 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) | 4. Transactio Code (Instr. 8) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr |
|---|---|---|--|--|---------------------|--------------------|-------|--|---|---|
| | | | Code V | 4, and 5) (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 | | | |
| HERRINGER MARYELLEN C 551 FIFTH AVENUE SUITE 300 NEW YORK, NY 10176 | Х | | | | | | |
| Signatures | | | | | | | |
| By: Barbara L. Smithers, by pow attorney | er of | 03 | /05/2015 | 5 | | | |

**Signature of Reporting Person

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).

(1) Grant of restricted stock units (RSUs) to non-employee directors under the 2006 Equity Incentive Plan, representing a contingent right to receive shares of common stock. RSUs vest one-third on the date of the later of (a) the date of the first Annual Meeting following grant date and (b) the first anniversary of the grant date, and one-third each on the date of the subsequent second and third Annual Meetings following the grant date. Dividend equivalent rights will accrue.

(2) Includes 9,719 unvested RSUs and 15,142 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 shares.

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.