FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235										
Estimated average burden										
hours per respons	e: 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 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>CHIN DEAN A</u>					2. Issuer Name and Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ABM]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last)		(First	,	(liddle		3. Date of Earliest Transaction (Month/Day/Year) 01/07/2024									X Officer (give title below) Other (specify below) SVP - Chief Accounting Officer							
7TH FL					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) NEW YO																	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)		(State	e) (Z	ip)		Ru	Rule 10b5-1(c) Transaction Indication															
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plasatisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										ten plan	that is inte	nded to										
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)					Execution Date,			ate,	3. Transaction Code (Instr. 8) 4. Securities Disposed O 5)				4 and Securi Benefi Owned		ties cially Following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
										Code	v	Amount	(A) or (D)	Price			ed ction(s) 3 and 4)			(Instr. 4)		
Common Stock 01/07/2					01/07/2	024				F		250	D	\$42	42.45		19,544		D			
Common Stock 01/08/20					.024				A		4,839(1)	A	\$0.0	\$0.0000		24,383		D				
Common Stock 01/08/20					2024				F		2,280	D	\$42	342.54		22,103		D				
	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) (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year)				4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/\)		ate	7. Title Amour Securi Underl Deriva Securi 3 and 4	nt of ties lying tive ty (Instr.	Deri Sec	rice of vative urity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y [1	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
						Code V (A)		(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares	per								

Explanation of Responses:

1. Represents shares of Issuer common stock acquired pursuant to vesting of relative-total stockholder return modified performance shares that were granted to the reporting person in January 2021 and have vested based upon the satisfaction of performance criteria specified for the award at the time of grant.

By: David R. Goldman, by power of attorney

01/09/2024

** 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.