FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT 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* SLIPSAGER HENRIK C								2. Issuer Name and Ticker or Trading Symbol ABM INDUSTRIES INC /DE/ [ABM]								all app Direc	olicable) ctor	g Person(s) to I	Owner
(Last) (First) (Middle) 551 FIFTH AVENUE SUITE 300							3. Date of Earliest Transaction (Month/Day/Year) 07/08/2010								X	Officer (give title Other (specify below) President & CEO			
(Street) NEW YORK CITY NY 10176						4. If Amendment, Date of Original Filed (Month/Day/Yea							ay/Year)		6. Indiv Line) X	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			son
(City)		(Sta		Zip)	on Doris	rativo	Soc	uritio	νς Λο.	auirod	l Di	enocod o	f or E	onofi	oially	Own			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)						ction	on 2A. Deemed Execution Date,			3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			r	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
					Code	v	Amount	(A) or (D)	Price	•		rted action(s) 3 and 4)		(Instr. 4)					
Common	Stock	07/08/2010					S		500	D	\$2	\$21.285		59,689	D				
Common	07/08/				S		300	D	\$2	\$21.26		59,389	D						
Common	07/08/	07/08/2010						400	D	\$2	\$21.29		58,989	D					
Common Stock 07/08							08/2010			S		200	D	\$21.2875		158,789		D	
Common Stock 07/08							//08/2010			S		200	D	\$21.2175		158,589		D	
Common Stock 07/08/2						2010						200	D	\$2	\$21.24		58,389	D	
Common Stock 07/08/20										S		300	D	\$2	\$21.255		8,089(1)	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)	vative conversion or Exercise Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year)			4. Transa Code (8)	Instr.	5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5	rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Number of Title Shares		Deri Sec (Ins:	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

1. Includes 32,950 unvested RSUs, 21,903 vested RSUs, the receipt of which has been deferred and DERs relating to the RSUs, adjusted to reflect the cumulative effect of fractional shares, and 23,542 performance shares earned but not vested with respect to performance shares granted on 1/12/2009 and DERs related thereto.

Remarks:

By: Barbara L. Smithers, by power of attorney

07/09/2010

** 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.