FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Wa | ashingto | on, D.C | . 20549 |
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 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* MYERS FRANKLIN | | | | | 2. Issuer Name and Ticker or Trading Symbol COMFORT SYSTEMS USA INC [FIX] | | | | | | | | | | | | | | | |
|---|--|--|---|--------------------|---|---|---|---|------------------------|------------|---|----------------------------|----------------------|---|---------------------------|---|---|--|---|--|
| | C/O COMFORT SYSTEMS USA, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/29/2016 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | |
| 675 BERING DRIVE, SUITE 400 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) HOUST(| ON T | ζ | 77057 | | | | | | | | | | | | X | | n filed by One n filed by Mor on | | • | |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | le I - No | on-Deriva | ative | Sec | uritie | s Ac | quired | d, Dis | sposed o | f, or | Ber | nefici | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date, | | | | | | es Acquired (A) or Of (D) (Instr. 3, 4 a | | | and 5) Secu Bene | | urities F eficially (ned Following (| | mership : Direct · Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | ount (A) or (D) | | Price | | Transaction(s) (Instr. 3 and 4) | | | | (11150.4) |
| Common Stock 08/29/ | | | | 08/29/2 | 2016 | | | | P | | 4,000 | A \$28 | | \$28.5 | 5 7 ⁽¹⁾ | 186,500 | | | 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) | 3A. Deer Execution if any (Month/I | on Date, Day/Year) | 4. Transa Code (8) | Instr. | 5. Nui of Derivi Secui Acqui (A) or Dispo of (D) (Instr. and 5 | ative rities ired ssed . 3, 4 | 6. Date Expirat (Month | tion Day/Y | ear) | Amo Secu Und Deri | Ar or Nu of | nstr. 3 | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | O Fe Di Oi (I) |). wnership orm: irect (D) · Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. Represents the average price of shares purchased; full information regarding the number of shares purchased and specific prices will be made available upon request to the Company's Office of the General Counsel.

> /s/ Trent T. McKenna, by power of attorney

08/29/2016

** 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.