FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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hours per response:	0.5								

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 ar	2. Issuer Name <b>and</b> Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer										
Wallis-Lage Cindy L.						COMFORT SYSTEMS USA INC [ FIX ]								Ι'		k all applicable) Director		10% O\	wner	
(Last)	(Fi	rst) (N	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/16/2023									Office	Officer (give title below)		Other (s		
C/O COMFORT SYSTEMS USA, INC. 675 BERING DRIVE, SUITE 400						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) HOUSTON TX 77057														Form filed by More than One Reporting Person						
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to																
satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																				
		Table	I - Noi	n-Deriva	tive Se	ecur	ities	Acq	uired, I	Disp	osed of	, or I	Bene	ficia	ally Owr	ned				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)					y/Year) Executio		ution Date,		Transaction Dispos Code (Instr. and 5)		4. Securiti Disposed and 5)				Securi Benefi Owned Follow	5. Amount of Securities Beneficially Owned Following		n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A)	or )	Price	Report Transa (Instr.	ted action(s) 3 and 4)				
Common Stock 05/16/2						2023			A		1,065		A	<b>\$0</b> <sup>(1)</sup>	) 4	4,873			By Trust <sup>(2)</sup>	
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 Date urity or Exercise (Month/Day/Year) Execution Date, if any			Code (Instr. 8) Det See Act (A) Dis of (Instr. 10)		Numl	rative rities ired r osed )	6. Date E Expiratio (Month/D	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		1 4) unt	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Code V		v	(A)	Date A) (D) Exercisable			Expiration Date	Title	Num of Shar										

## Explanation of Responses:

- 1. Shares granted pursuant to the 2017 Omnibus Incentive Plan as approved by stockholders on May 23, 2017. Non-employee directors are given an annual grant of Comfort Systems USA Common Stock following election or reelection at the Company's annual stockholders' meeting. This year's grant is equal to \$160,000, as rounded down to the nearest whole share, based on the average of the high and low price of the Company's Common Stock on the day of the annual stockholders' meeting.
- 2. Held by Kent L. Lage and Cindy L. Wallis-Lage Trust, dated December 21, 2017, for which the Reporting Person and her spouse are trustees.

/s/ Rachel R. Eslicker, Attorney-in-Fact 05/17/2023

\*\* 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.