FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APP	ROVAL								
	OMB Number:	3235-02								
П	Estimated average burden									

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37 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*						2. Issuer Name and Ticker or Trading Symbol COMFORT SYSTEMS USA INC [FIX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Murdy William F</u>						<u> </u>			7 1 11 11					X	Directo	r		10% Ov	vner		
(Last)	(Fi	rst)	(Middle)		3. [Date of Earliest Transaction (Month/Day/Year)								X	Officer (give title below)			Other (s below)	specify		
C/O COMFORT SYSTEMS USA, INC.						03/26/2008									Chief Executive Officer			Officer			
777 POST OAK BLVD., SUITE 500																					
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)								,			(, ,	Lir				9	(
HOUSTON TX 77056														X Form filed by One Reporting Person							
			_										Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)												1 013011						
		Tab	le I - Nor	ı-Deri	vativ	e Se	curit	ies Ac	quired,	Dis	posed c	of, or Be	neficia	lly C	Dwned						
1. Title of Security (Instr. 3) 2. Transac						ction 2A. Deemed				3. 4. Securiti			ities Acquired (A) or			nt of			7. Nature		
Date					n/Day/Ye	Execution Date, Day/Year) if any			, Transaction Code (Instr.			Disposed Of (D) (Instr. 3, 4			4 and Securition Benefici				of Indirect Beneficial		
(`			(Month/Day/Year				<u> </u>				Owned Following Reported		(l) (Instr. 4)		Ownership (Instr. 4)		
									Code	v	Amount (/		r Price	- 1	Transact (Instr. 3 a	on(s)			(
	0. 1	0.000	(2000			+ -		40.50			'				<u> </u>						
Common Stock 03/26/							/2008		A	<u> </u>	49,53	49,534 A			375,732			D			
		-	Table II - I											y Ov	vned						
				(e.g.,	puts,	call	s, wa	arrants	, option	ıs, c	onverti	ble seci	urities)								
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deeme		4.		on of		6. Date Exercise Expiration Date (Month/Day/Yea				d Amoun		Price of 9. Number			10.	11. Nature		
Derivative Security	Conversion or Exercise Price of Derivative		Execution D	· (Transa Code (of Securi Underlyir	ıg	Secur				Ownership Form:	. Beneficial		
(Instr. 3)			(Month/Day	/Year)	8)	3)		Securities Acquired				Derivative Secu		urity (Instr. 5)		Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)		
	Security						(A) or Disposed of (D) (Instr. 3, 4 and 5)					(,			Following Reported		(I) (Instr. 4)			
																Transactio	on(s)				
							3, 4	and 5)		_				-		(Instr. 4)					
													Amount or								
									Date	١,	Expiration		Number								
					Code	v	(A)	(D)	Exercisal		Date	Title	Shares								
Incentive				T													7				
Stock Option	\$13.15	03/26/2008			A			41,279	(2)		(3)	Common Stock	41,279	\$	13.15	535,24	19	D			
(Option to Buy)												Juck									

Explanation of Responses:

- 1. Award pursuant to Restricted Stock Agreement; stock vests pursuant to performance and longevity conditions over a three-year vesting schedule.
- 2. Options vest in equal installments on each of the first three anniversaries from the date of grant.
- 3. Options will expire at the earlier of ten years from the date of grant or three months following termination of employment.

03/28/2008 /s/ William F. Murdy

** 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.