FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, B.S. 20043

| 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

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
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| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | |
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| ou douo ±(b). | |

| 1. Name and Address of Reporting Person* SCHULTZ JAMES H | | | | | 2. Issuer Name and Ticker or Trading Symbol COMFORT SYSTEMS USA INC [FIX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|----------|--------------|--|------------------|--|--|-------|---|--|---------|--|----------|---|---|---|-------------|--|---|--------|
| | | | | ٦ | <u> </u> | <u> </u> | | <u>- 1 11111</u> | | 0.11110 | [I 12 I | | X | Directo | or | | 10% Ow | ner | |
| | MFORT SY | STEMS USA, I | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2017 | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify |
| 675 BERING DRIVE, SUITE 400 | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) HOUST(| ON T | x | 77057 | | | | | | | | | | | X | • | | | | - 1 |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tak | ole I - No | n-Deri | vativ | e Se | curit | ties Ac | quired, | Dis | sposed o | f, or Be | neficia | ally (| Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | and 5) Securiti | | es For ially (D) Following (I) (| | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Troposo | | tion(s) | | | (111501.4) | | | |
| Common | Stock | | | 02/28 | 3/2017 | 7 | | | М | | 10,000 | A | \$13. | 51 | 83, | 3,393 D | | | |
| Common | Stock | | | 02/28 | 3/2017 | , | | | S | | 10,000 | D | \$38.0 |) 7 (1) | 73, | 3,393 D | | | |
| | | - | Table II - | | | | | | | | osed of, convertil | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) 1. Title of Conversion or Exercise Price of Derivative Security | | | 3A. Deem Execution if any (Month/Da | tion Date, Trans | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | vative urities uired or oosed O) (Instr. | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Derivative Security | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | is Silly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amour or Number of Shares | r | | | | | |
| Option to | \$13.51 | 02/28/2017 | | | M | | | 10,000 | 05/17/20 | 07 | 05/17/2017 | Common | 10.00 | 0 | \$0 | 0 | | D | |

Explanation of Responses:

1. Represents the average price of shares sold; full information regarding the number of shares sold 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 03/01/2017

** 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.