FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO |)VAL | | | | | |
|------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burd | en | | | | | |
| 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 an | | 2. Issuer Name and Ticker or Trading Symbol COMFORT SYSTEMS USA INC [FIX] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
|---|---|---|---|--------------------------------------|---|---|---|---|--------|--------------------------|---|--|-------------|-----------------------|---|--|---|---|--|---|
| | | . | | | | | | | | | | | X Director | | 10% Owner | | | | | |
| (Last) | (Ei | 3 D | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | X | Office | | | Other elow) | (specify | | | |
| (Last) (First) (Middle) C/O COMFORT SYSTEMS USA, INC. | | | | | | | 12/10/2007 | | | | | | | | | (| Chief Exec | ief Executive Officer | | |
| | | | | | | | | | | | | | | | | | | | | |
| /// POS | Γ OAK BL | - | | | | | | | | | | | | | | | | | | |
| (0) | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) HOUSTO | ON TX | 7 | 77056 | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | |
| | 211 12 | , | 7030 | | | | | | | | | | | | Form filed by More than One Reporting | | | | | orting |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | Person | | | | |
| | | Tabl | le I - No | n-Deriv | ative | Se | curiti | es Ac | quired | , Dis | posed o | f, oı | Ben | efic | ially | Owne | ed | | | |
| Date | | | | | 2. Transaction Date Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 4 and 5) Secur Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | | A) or D) | Price | 9 | | ted action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock | | | | | 12/10/2007 | | | | P | | 1,990 | | A | \$12.048 | | 318,306 | | I | | By Trust ⁽¹⁾ |
| Common Stock | | | | | 12/10/2007 | | | | P | | 4,900 | | A | \$12.078 | | 323,206 | | I | | By Trust ⁽¹⁾ |
| Common Stock 12/1 | | | | | |)/2007 | | | | | 2,992 | 992 A | | \$12 | 2.08 | 326,198 | | I | | By Trust ⁽¹⁾ |
| | | Та | | | | | | | | | osed of, onvertib | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | ative Conversion Date Execution ity or Exercise (Month/Day/Year) if any | | n Date, | 4. Transaction Code (Instr. 8) | | of Deri Sec Acq (A) (Disp of (I | osed)) :r. 3, 4 | 6. Date E Expiration (Month/II) Date Exercisa | on Dat | | or | | nstr. 3 | Deri Seci (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Owne Form: Direct or Ind (I) (Ins | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

 $1. \ Shares \ held \ in \ trust \ by \ William \ F. \ Murdy \ Trust, \ trustees \ to \ William \ F. \ Murdy \ and \ Mary \ B. \ Murdy.$

<u>/s/ William F. Murdy</u> <u>12/12/2007</u>

** 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.