Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C. 20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:	0.5								

							. ,				IIPAITY ACT O	. 1010		_							
1. Name and Address of Reporting Person* MYERS FRANKLIN				2. Issuer Name and Ticker or Trading Symbol COMFORT SYSTEMS USA INC [FIX]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
WIIEK	STKAN.	<u>XLIIV</u>										L			X Direc	tor		10% O	wner		
(1 aat)	(F:		المامالية)		2 00	40.06.	- aul: a a 4	Tuono	antina (N	A a m t la	(Day (Maas)			\dashv	Office	er (give title	Х	Other (s	specify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/17/2022										,)F TI	HE BOAR	PD.		
C/O COMFORT SYSTEMS USA, INC.					35,7,72522									on main it of the Borne							
675 BERING DRIVE, SUITE 400														+							
				4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) HOUST	ON TX	7 7	7057												,	filed by On	e Rep	orting Pers	on		
	OIN 12	,	1031													Form filed by More than One Reporting					
(City)	(St	ate) (2	Zip)												Perso	on					
(- 3)					<u> </u>																
		Table	I - Non-D	Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Bene	eficia	ally Own	ed					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				ay/Year) if any		Deemed cution Date, ny nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)						nd Securi Benefi	eficially ned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code V Amou		Amount	(A (D	() or ()	Price	Transa	saction(s) : 3 and 4)			(111501.4)		
Common Stock 05/17/				05/17/2	2022				Α		1,869		A	\$ <mark>0</mark> 0	201,319			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
			(e.	.g., pu	ts, ca	alls, v	warra	ants,	option	ıs, c	onvertib	le se	ecuri	ities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)			4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Nun of	ount nber ires							

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.

/s/ Laura F. Howell, Attorneyin-Fact

05/19/2022

** 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.