Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours nor response:									

Derivative Conversion Date Executive Or Exercise (Month/Day/Year) if any		if any	<del>`                                    </del>	Date, Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D)	•	Exerci	sable and te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price Derivati Security (Instr. 5)	rivative derivative curity Securitie		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
		Tal	ble II -	Derivati	ve Se	curit	ies Acqu	ired, [	Dispo	osed of, o	or Ben	eficia	lly Owr	ned	<u>'</u>			
Common Stock 11/10/2			.022			S		8,500	D	\$12	3(1)	52,169		D				
								Code	v	Amount	(A) or (D)	Price	Trai	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			ion 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)  4. Securities A Disposed Of (5)			s Acquire	d (A) o	) or 4 and Securities Beneficially Owned Follo		Forn (D) c		7. Nature of Indirect Beneficial Ownership				
(City)	(St	-	Zip)	n_Deriva	tive S	00111	ities Aca	uirod	Die	nosed of	or Re	nefic	ially Ov	wned.				
HOUSTO	ON TX	7	7057											orm filed by M erson	ore tha	n One Rep	orting	
(Street)													,	orm filed by O	ne Rep	orting Pers	on	
675 BERING DRIVE, SUITE 400					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Last) (First) (Middle) C/O COMFORT SYSTEMS USA, INC.						11/10/2022							De	iow)		below)		
					Date of Earliest Transaction (Month/Day/Year)							_		ficer (give title	е	Other (	specify	
BULLS HERMAN E					COMFORT SYSTEMS USA INC [ FIX ]							(0		applicable) rector	10% Owner			
Name and Address of Reporting Person*					Issuer Name and Ticker or Trading Symbol							5.	5. Relationship of Reporting Person(s) to Issuer					

## **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.

(A) (D) Date Exercisable

Expiration Date

/s/ Rachel Reagor Eslicker, Attorney-in-Fact

Amount Number

of Shares

Title

11/11/2022

\*\* 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).

Code

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.