FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(c). Si	ee Instruction 1	0.																		
Name and Address of Reporting Person*     Tang Vance W				2. Issuer Name <b>and</b> Ticker or Trading Symbol COMFORT SYSTEMS USA INC [ FIX ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
											-	- I	1	Direc	tor		10% O	wner		
(Last) (First) (Middle) C/O COMFORT SYSTEMS USA, INC.					3. Date of Earliest Transaction (Month/Day/Year) 10/28/2024								Officer (give title Other (specify below) below)					specify		
675 BERING DRIVE, SUITE 400																				
075 BERTING BRIVE, BUILE 400				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street)														Lille)	Eorm	filed by On	o Bor	orting Porc	on	
HOUST	ON TY	7	7057											٧		Form filed by One Reporting Person Form filed by More than One Reporting				
		·	, , , ,												Perso		iie iiia	an One Rep	Jitilig	
(City)	(St	ate) (Z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benefi	cially	/ Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (Disposed Of (D) (Instr. 3)				, 4 and Securi Benefi Owned		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	or Pri	се	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 10/28/2					2024				S		2,700	D	\$3	390 <sup>(1)</sup>	5	,498			By Trust <sup>(2)</sup>	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Conversion or Exercise Price of Derivative Security		ion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)			Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	v	(A)	(D)			Expiration Date	Title	Amour or Number of Shares	er								

## **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.
- 2. Shares held in The Tang Living Trust, dated October 3, 2014, for which the Reporting Person and his spouse are trustees.

/s/ Rachel R. Eslicker, Attorney-in-Fact

10/29/2024

\*\* 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.