Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| 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: | | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Krusi Alan | | | | | 2. Issuer Name and Ticker or Trading Symbol COMFORT SYSTEMS USA INC [FIX] | | | | | | | | | | k all app Direc | ationship of Reporting all applicable) Director | | 10% Ov | wner |
|--|--|--------------|------------------|---|---|--|--|--|------------------|------|---|---|------------------------------------|---|--|---|--|---------------------------------------|----------------------------|
| | | STEMS USA, I | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2021 Officer (give title below) Ofher (specify below) | | | | | | | | | | | | specify | | |
| 675 BERING DRIVE, SUITE 400 (Street) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (City) | | | 7057 Zip) | | | Form filed by More than One Reportin Person | | | | | | | | | | | orting | | |
| <u> </u> | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Instr. 5) | | | | | 5. Amo Securit Benefic Owned Report | ies cially Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | Amount | (A) or (D) | | Price | Transa | Transaction(s) (Instr. 3 and 4) | | | (111501. 4) | | | |
| Common Stock 05/18/ | | | | | /2021 | | | | A | | 1,939 | A | \$0(1) | | 32,853 | | | | By Trust ⁽²⁾ |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | 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) | | De Se (Ir | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

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.
- 2. Held by The Krusi Family Trust for which the Reporting Person and his spouse are trustees.

/s/ Laura F. Howell, by power of attorney

05/20/2021

** 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.