FORM 4

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

Washington, D.C. 20549	

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIAL	<b>OWNERSHIP</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

OMB APPROVAL										
OMB Number: 3235-0287										
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hours per response: 0										

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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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-

I(c). See instruction IU.																						
1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol COMFORT SYSTEMS USA INC [ FIX ]										o of Reportir licable)	ng Pe								
Shaeff Julie					COM OUT BIBIDING CONTINC							, l		Direc	tor		10% O	wner				
															1	Office	er (give title v)		Other ( below)	specify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								C	HIEF	ACCOUI	NTI	NG OFFI	CER			
C/O COMFORT SYSTEMS USA, INC.				08/29/2024													2210					
675 BERING DR. SUITE 400																						
,					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable								
(Street)															L	Line)						
HOUST	ON TX	7	7057													Form filed by One Reporting Person						
																Form filed by More than One Reporting Person					orting	
(City)	(Sta	ate) (Z	ľip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of	Security (Inst	tr. 3)	2. Trans	action	2A. Deemed 3. 4. Securities Acquired (A)									wnership	7. Nature							
Date (Month/Day/Yea			Day/Yea	Execution D if any (Month/Day/		n Date,		Transaction Code (Instr.					3, 4 and 5)		Securities Beneficially		Form: Direct (D) or		of Indirect Beneficial			
			Day/ Ica			ay/Yea		8)						Owne		ed Îr		rect (I)	Ownership			
							$\vdash$				L						Reported		tr. 4)	(Instr. 4)		
					Code V Amount (A) or (D) Price				rice			saction(s) r. 3 and 4)										
Common Stock 08/			08/2	9/2024	:4			S		2,316		D	\$	351.848	6 <sup>(1)</sup>	16,687			D			
		Tal	ole II - De	rivativ	,	· Curit	ioc /	\	iiro	d Die	cno	sod of	- or	Bor	noficial	llv C	)wno.	۸	1			
		iai													urities		wile	u				
1. Title of	2.	3. Transaction	3A. Deemed		4.			mber				sable and			and		rice of	9. Number	of	10.	11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)				ction Instr.	of Derivativ			piration onth/Da				Amount of Securities		Derivativ Security		derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative	`	(Month/Day	/Year)	8)		Secu		Ι`		•	•			ying	(Instr. 5)		Beneficially		Direct (D) or Indirect	Ownership (Instr. 4)	
Security							Acquired (A) or							Derivative Security (Ins		tr.		Owned Following		(I) (Instr. 4)	(instr. 4)	
					Dispose of (D)			osed 3 and 4)				4)			Reported Transaction(s							
					(Instr. 3,			. 3, 4	3, 4						(Instr. 4)	(5,						
				F	and 5)			''	<del></del>			1.		-								
												Amount or										
								to	Numb		Number of											
					Code V (A) (D)			) Date Exercisal		Expiration Date		"   Tit		Shares								

## **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

> /s/ Rachel R. Eslicker, 08/30/2024 Attorney-in-Fact

\*\* Signature of Reporting Person

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.