FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL | | | | | | | | | | |
|---|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| I | OMB Number: | 3235-0287 | | | | | | | | | |
| | en | | | | | | | | | | |
| | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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. Name ar | | 2. Issuer Name and Ticker or Trading Symbol COMFORT SYSTEMS USA INC [FIX] | | | | | | | | (Check all app X Dire | | or 1 | | 10% Ow | ner | | | | | | |
|---|---|---|---|-----|--------------|-------------------------------|-------|---|-----------------|--|--------------------------------|-----------------|---|--|---|---|--|---|--|--|--|
| | (Last) (First) (Middle) C/O COMFORT SYSTEMS USA, INC. 675 BERING DRIVE, SUITE 400 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/08/2019 | | | | | | | | (give title lent/Chie | Other (specify below) f Executive Off. | | | | |
| (Street) HOUST(| HOUSTON TX 77057 (City) (State) (Zip) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6 L | | | | | | | | | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derive 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | | on 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | | 5. Amou Securitie Beneficia Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transact (Instr. 3 a | tion(s) | | | (Instr. 4) | | |
| Common | 2019 | 19 | | M | | 4,051 | Α | \$13. | 86 | 224 | 4,560 | | D | | | | | | | | |
| Common | 2019 | 19 | | | S | | 4,051 | D | \$50.91 | 9189 ⁽¹⁾ | | 0,509 | | D | | | | | | | |
| Common Stock 11/11/20 | | | | | | 19 | | | M | | 20,949 | A | \$ 13 . | 3.86 24 | | 1,458 | | D | | | |
| Common Stock 11/11/20 | | | | | |)19 | | S | | 20,949 | D | \$50.79 | 94 ⁽¹⁾ | 220,509 | |] | D | | | | |
| | | | Table I | | | | | | | | posed of, convertib | | | | wned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deel Execution if any (Month/I | med | 4. Transa | ransaction ode (Instr. | | | | | te of Se ear) Unde Deriv | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owner Form: Direct or Indi (I) (Ins | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amou or Numb of Share | mber | | | | | | | |
| Option to Buy | \$13.86 | 11/08/2019 | | | M | | | 4,051 | 04/01/2 | 2016 ⁽²⁾ | 03/20/2023 | Commo: Stock | ⁿ 4,05 | 1 | \$0 | 40,425 | 5 | D | | | |
| Option to | \$13.86 | 11/11/2019 | | N | | | | 20,949 | 04/01/2 | 2016 ⁽²⁾ | 03/20/2023 | Commo | 20,94 | 49 | \$0 | 19,476 | | D | | | |

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. Stock options were granted on 03/20/2013, vested equally over a three-year period, and were fully vested on 04/01/2016.

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

11/12/2019

** 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.