FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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|---|--|--|------------------------|---|-------------|-----------------------------|------------|---|---|----------------------------------|---------|--|--|---|--|--|----------------------------------|--|--|--|
| Name and Address of Reporting Person* Mercado, Pablo G. | | | | 2. Issuer Name and Ticker or Trading Symbol COMFORT SYSTEMS USA INC [FIX] | | | | | | | | | | all app | ionship of Reportir all applicable) Director | | rson(s) to Is | | | |
| (Last) (First) (Middle) C/O COMFORT SYSTEMS USA, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/05/2024 | | | | | | | | | | | Officer (give title below) | | Other (s below) | | specify | |
| 675 BERING DRIVE, SUITE 400 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | Street) HOUSTON TX 77057 | | | | | | | | | | | | ₩. | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Sta | ate) (Ž | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - N | Non-Deriva | tive S | Secui | rities | Acc | quir | ed, D | isposed | of, | or I | Benefic | ially | Own | ed | | | |
| Date | | | | 2. Transaction Date (Month/Day/Yea | Execution [| | n Date, T | | 3. Transaction Code (Instr. 8) | | | | | | i) | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Co | ode | v | Amount | (A) (D) | or | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock 11/05 | | | | 11/05/2024 | .4 | | | | S | | 2,500 | I | D \$409. | | 9 9 (1) | 9,036 | | | D | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | | Fransaction Code (Instr. B) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. Price Deriva Securi (Instr. | | ative derivative rity Securities | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | (A) | (D) | Dat Exe | te ercisabl | Expirati e Date | | Title | Amount or Number of 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, Attorney-in-Fact

11/06/2024

** 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.