## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL									
OMB Number: 3235-0362									
Estimated average burden									
hours per response:	1.0								

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	1 Transactions	Reported.	Fil	led pursuant t or Section					ırities Exchar Company Act			1								
1. Name and Address of Reporting Person*  TANNER THOMAS N					2. Issuer Name <b>and</b> Ticker or Trading Symbol COMFORT SYSTEMS USA INC [ FIX ]						Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner						er			
(Last) 6862 CL	(F ARET CIR	,	(Middle)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003									X Officer (give title Other (specify below) Senior Vice President						
(Street) FAYETT (City)	TEVILLE N		13066 (Zip)	4. If Amei	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Tab	le I - Non-Deri	vative Sec	curitie	s Ac	quire	ed, Di	isposed o	of, or I	Bene	ficiall	y Owned	ı						
Date (Month/Day/Year)			Execution Date, if any		3. Transaction Code (Instr. 8)						osed	5. Amount Securities Beneficial Owned at	ly		vnership Indi orm: Direct Ben		lature of irect neficial nership			
				(WOIIIII/Day	/ reary	8)		Amou	nt (A) or Price			Issuer's F Year (Insti	iscal	Indired (Instr.	ect (I) (Ins					
		7	able II - Deriva (e.g., <sub> </sub>	ative Secu puts, calls									Owned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	on Date, Transaction of Expiration Date (Month/Day/Year)			ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					(A)	(D)	Date Exerc	isable	Expiration Date	Title	or Nu of	ımber								
Option to	\$4.18	11/19/2003		A	25,000		(:	1)	(2)	Comm		5,000	\$4.18	25,0	000	D				

## **Explanation of Responses:**

- 1. Options vest in equal installments on each of the first four anniversaires of grant.
- 2. Options will expire at the earlier of ten years from the date of grant or three months following termination of employment.

## Remarks:

/s/ Thomas N. Tanner

02/10/2004

\*\* 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.