Edgar Filing: COMFORT SYSTEMS USA INC - Form 4

| COMFORT S Form 4 May 19, 2009 | | SA INC | | | | | | | | | | |
|--|-------------------------------------|---|-------------------------------------|-------------|--|---|------------|---|--|---|--|--|
| FORM | | | | | | | | | OMB A | PPROVAL | | |
| | UNITE | Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | |
| Check this if no longe | ər | | | | | | | | Expires: | January 31, 2005 | | |
| subject to Section 16 | 51A1 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI SECURITIES | | | | | | NERSHIP OF | Estimated a burden hou | average | | |
| Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | Filed p s Section 1 | 20(h) of the Inviectment Comments A of 1000 | | | | | | | response | 0.5 | | |
| (Print or Type R | esponses) | | | | | | | | | | | |
| | | | Symbol | 5 | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | COMFORT SYSTEMS US [FIX] | | | | NC | (Check all applicable) | | | | |
| | (First) DRT SYSTEN DST OAK BL | | 3. Date of (Month/Da 05/15/20 | ay/Year) | ransaction | | | X Director Officer (give below) | | 6 Owner er (specify | | |
| | (Street) | Street) 4. If Amendm Filed(Month/D | | | - | 1 | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| HOUSTON, | TX 77056 | | | | | | | | More than One Ro | | | |
| (City) | (State) | (Zip) | Table | e I - Non-I | Derivative | Securi | ties Ac | quired, Disposed o | f, or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction (Month/Day/Ye | Transaction Date2A. Deemedonth/Day/Year)Execution Date, ifany(Month/Day/Year) | | | 4. Secur ionAcquire Dispose (Instr. 3 | d (A) of d of (E , 4 and (A) or |)) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock | 05/15/2009 | | | А | 5,000 | A | <u>(1)</u> | 50,000 | D | | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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) | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration D (Month/Day/ e | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr |
|---|---|---|--|---|----------------------------------|--|-------|---|---|---|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Relationships

10% Owner Officer

Other

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Reporting Owners

Reporting Owner Name / Address

Director

Х

MYERS FRANKLIN C/O COMFORT SYSTEMS USA, INC. 777 POST OAK BLVD., SUITE 500 HOUSTON, TX 77056

Signatures

/s/ Franklin 05/19/2009 Myers

**Signature of

Date

Reporting Person

Explanation of Responses:

- * 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).
- Award pursuant to Amended and Restated 2006 Equity Compensation Plan for Non-Employee Directors; stock immediately vests at the (1) time of grant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.