

COMFORT SYSTEMS USA INC
Form 4
April 02, 2015

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

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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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
Mylett James Matthew

2. Issuer Name and Ticker or Trading Symbol
COMFORT SYSTEMS USA INC
[FIX]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)
675 BERING DRIVE, SUITE 400
(Street)

3. Date of Earliest Transaction (Month/Day/Year)
03/25/2015

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
SrVP - Service

HOUSTON, TX 77057

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
____ Form filed by More than One Reporting Person

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
			Code	V	Amount or Price		
Common Stock	03/25/2015		A		4,728 (1)	A	\$ 0 10,301 D
Common Stock	04/02/2015(2)		F		491 (3)	D	\$ 21.04 9,810 D (4)

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.

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(9-02)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Security (Instr. 3 and 4)
Employee Stock Option	\$ 19.67	03/25/2015		A	12,205	04/01/2016 ⁽⁵⁾ 03/25/2025 ⁽⁶⁾	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Mylett James Matthew 675 BERING DRIVE, SUITE 400 HOUSTON, TX 77057			SrVP - Service	

Signatures

/s/ Trent T. McKenna, by power of attorney

04/02/2015

**Signature of Reporting Person

Date

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).

- (1) Each restricted stock unit granted on March 25, 2015 represents a right to receive one share of common stock and will vest in equal installments over a three-year vesting schedule.
- (2) Forfeited shares are related to restricted stock units that vested on April 1, 2015 and were priced based on the average of the high and low stock price on April 1, 2015. Forfeitures were processed on April 2, 2015.
- (3) Reflects forfeited shares related to the first vesting of restricted stock units granted on March 19, 2014.
- (4) Price is based on the average of the high and low stock price on April 1, 2015.
- (5) Stock options vest in equal installments over a three-year vesting schedule.
- (6) Stock options will expire at the earlier of ten years from the date of grant or three months following termination of employment.

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.