#### COMFORT SYSTEMS USA INC

Form 4 March 28, 2011

## FORM 4

#### **OMB APPROVAL**

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

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16.

January 31, Expires: 2005

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per 0.5 response...

Form 4 or Form 5 obligations may continue.

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 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* Murdy William F

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

COMFORT SYSTEMS USA INC

(Check all applicable)

[FIX]

(Last)

(First) (Middle) 3. Date of Earliest Transaction

X Director 10% Owner Other (specify X\_ Officer (give title

C/O COMFORT SYSTEMS USA. INC., 675 BERING DRIVE, SUITE

03/24/2011

(Month/Day/Year)

Filed(Month/Day/Year)

Chief Executive Officer

400

(Street)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

below)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

HOUSTON, TX 77057

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)

6. Ownership 7. Nature of Securities Beneficially (D) or Owned Indirect (I) Following (Instr. 4)

Form: Direct Indirect Beneficial Ownership (Instr. 4)

(A)

(D)

Transaction(s) (Instr. 3 and 4)

Common Stock

Code V Amount Price

Reported

03/24/2011 Α 48,666 (1) 383,370 <sup>(2)</sup> D

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

### Edgar Filing: COMFORT SYSTEMS USA INC - Form 4

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. Transacti Code (Instr. 8)	5. Number of orDerivative 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 Securities (Instr. 3 and 4)		8. I Der Sec (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Incentive Stock Option	\$ 13.87	03/24/2011		A	40,555	(3)	<u>(4)</u>	Common Stock	40,555	\$

# **Reporting Owners**

Reporting Owner Name / Address	Keiationsinps					
	Director	10% Owner	Officer	Other		
Murdy William F						

Murdy William F C/O COMFORT SYSTEMS USA, INC. 675 BERING DRIVE, SUITE 400 HOUSTON, TX 77057

X Chief Executive Officer

Deletionship

## **Signatures**

/s/ William F.

Murdy 03/28/2011

\*\*Signature of Date

\*\*Signature of D
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).
- (1) Award pursuant to Performance Restricted Stock Agreement; stock vests pursuant to performance and longevity conditions over a three-year vesting schedule.
- (2) Includes 16439 shares of FIX common stock under the Company's 401(k) plan as of March 24, 2011.
- (3) Options vest in equal installments on each of the first three anniversaries from the date of grant.
- (4) 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.

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