

ABM INDUSTRIES INC /DE/
Form 3
September 09, 2014

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Expires: January 31, 2015
Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
SALMIRS SCOTT B		(Month/Day/Year)	ABM INDUSTRIES INC /DE/ [ABM]	
(Last)	(First)	(Middle)	09/03/2014	
551 FIFTH AVENUE, SUITE 300			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
NEW YORK, NY 10176			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			Executive Vice President	<input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	22,543 ⁽¹⁾	D	

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
--	--	---	--	--	---

Edgar Filing: ABM INDUSTRIES INC /DE/ - Form 3

	Date Exercisable	Expiration Date		Amount or Number of Shares		or Indirect (I) (Instr. 5)	
Stock Options ⁽²⁾	Â ⁽³⁾	09/08/2017	Common Stock	4,501	\$ 21.49	D	Â
Stock Options ⁽²⁾	Â ⁽⁴⁾	09/13/2018	Common Stock	6,239	\$ 19.09	D	Â
Stock Options ⁽²⁾	Â ⁽⁵⁾	10/11/2019	Common Stock	10,971	\$ 18.31	D	Â
Stock Options ⁽²⁾	Â ⁽⁶⁾	09/06/2020	Common Stock	7,699	\$ 25.3	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SALMIRS SCOTT B 551 FIFTH AVENUE SUITE 300 NEW YORK, NY 10176	Â	Â	Â Executive Vice President	Â

Signatures

By: Barbara L. Smithers, by power of attorney 09/09/2014

**Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

Includes 18,041 RSUs and DERs relating to RSUs, adjusted to reflect the cumulative effect of fractional shares, and 1,243 performance

- (1) shares earned but not yet vested with respect to performance shares granted on 3/8/2012, 1,349 performance shares earned but not yet vested with respect to performance shares granted on 1/14/2013, and DERs related thereto.
- (2) Stock options granted under the 2006 Equity Incentive Plan.
- (3) Fully vested on 9/8/2014.
- (4) 3,119 options vest on 9/13/2014 and 3,120 options vest on 9/13/2015.
- (5) 2,743 options vest on 10/11/2014, 2,743 options vest on 10/11/2015 and 2,743 options vest on 10/11/2016.
- (6) 1,925 options vest on 9/6/2015, 1,925 options vest on 9/6/2016 and 1,925 options vest on 9/6/2017.

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.