Edgar Filing: SCHULTZ JAMES H - Form 4

| SCHULTZ Form 4 | JAMES H | | | | | | | | | | |
|---|---|---|---|--|------------|--|----------------------|---|----------------------------------|---|--|
| August 07, 2 | 2012 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | OMMISSION | OMB APPROVAL | | | |
| Chaole t | Check this box | | | | | | | | OMB Number: | 3235-0287 | |
| if no lon | gor | | | | | | | | | January 31, 2005 | |
| subject t Section Form 4 Form 5 | | SECUI | Estimated average burden hours per response 0 | | | | | | | | |
| obligatio may cor <i>See</i> Instr 1(b). | ons Section 17 | (a) of the | Public U | | ding Cor | npan | y Act of | Act of 1934, 1935 or Section) | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and A | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| | | | [FIX] | | | | | (Check all applicable) | | | |
| (Last) (First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | X_ Director10% Owner Officer (give titleOther (specify | | | |
| | FORT SYSTEMS BERING DRIVE | | 08/06/2 | - | | | | below) | below) | | |
| | | | | Filed(Month/Day/Year) A | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| HOUSTON | I, TX 77057 | | | | | | | Form filed by Mo Person | | | |
| (City) | (State) | (Zip) | Tab | le I - Non-l | Derivative | Secur | rities Acqu | ired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securities Acquired (A Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) | | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code V | Amount | or (D) | Price | (Instr. 3 and 4) | (111501.4) | | |
| Common Stock | 08/06/2012 | | | М | 10,000 | А | \$ 3.39 | 55,000 | D | | |
| Common Stock | 08/06/2012 | | | S | 10,000 | D | \$ 10.5185 (1) | 5 45,000 | D | | |

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

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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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed o (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) | |
|---|---|---|---|--|---|--|--------------------|---|-------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Option to Buy | \$ 3.39 | 08/06/2012 | | М | 10,000 | 11/01/2002 | 11/01/2012 | Common Stock | 10,000 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| SCHULTZ JAMES H C/O COMFORT SYSTEMS USA, INC. 675 BERING DRIVE, SUITE 400 HOUSTON, TX 77057 | Х | | | | | |
| Signatures | | | | | | |
| /s/ Trent T. McKenna, by power of attorney | 08/07/2012 | | | | | |
| **Signature of Reporting Person | | Date | | | | |
| Evolution of Deenon | | | | | | |

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) Represents the average price of sold shares; full information regarding the number of shares sold and specific prices will be made available upon request to the Company's Office of the General Counsel.

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.