

COMFORT SYSTEMS USA INC
Form 4
April 06, 2010

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 *
Trent T McKenna

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)

3. Date of Earliest Transaction
(Month/Day/Year)
03/25/2010

____ Director
 Officer (give title below)
____ 10% Owner
____ Other (specify below)
V.P., General Counsel and Secy

C/O COMFORT SYSTEMS USA, INC., 675 BERING DRIVE, SUITE 400

(Street)

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

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 (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	(A) or (D)	Price
Common Stock	04/01/2010		F		897 ⁽¹⁾	D	\$ 12.67 ⁽²⁾
							23,950 ⁽³⁾
Common Stock	04/01/2010		F		703 ⁽⁴⁾	D	\$ 12.67 ⁽²⁾
							23,247 ⁽³⁾
Common Stock	03/25/2010		A		9,119	A	\$ 32,366 ⁽⁵⁾

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

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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 (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. Price or Value of Underlying Securities (Instr. 3 and 4)
Incentive Stock Option (Option to Buy)	\$ 12.46	03/25/2010		A	7,599	(6) (7)	Common Stock	7,599 \$ 12.46

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Trent T McKenna C/O COMFORT SYSTEMS USA, INC. 675 BERING DRIVE, SUITE 400 HOUSTON, TX 77057			V.P., General Counsel and Secy	

Signatures

/s/ Trent T. McKenna 04/06/2010

**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) Reflects third and final vesting of the Performance Stock Award dated March 28, 2007.
- (2) Price is based on the Company's high and low daily stock price average on April 1, 2010.
- (3) Includes 472 shares of FIX common stock under the Company's 401(k) plan as of March 31, 2010.

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- (4) Reflects second vesting of the Performance Stock Award dated March 26, 2008.
- (5) Award pursuant to Performance Restricted Stock Agreement; stock vests pursuant to performance and longevity conditions over a three-year vesting schedule.
- (6) Options vest in equal installments on each of the first three anniversaries from the date of grant.
- (7) 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.