## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <sup>*</sup> BULLS HERMAN E						2. Issuer Name and Ticker or Trading Symbol <u>COMFORT SYSTEMS USA INC</u> [ FIX ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
														-  ^					-	
(Last)	(Fi	st) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/16/2023									Office below	er (give title v)		Other (s below)	specify		
C/O COI	4. If Amendment, Date of Original Filed (Month/Day/Year)								6 10	6. Individual or Joint/Group Filing (Check Applicable										
675 BERING DRIVE, SUITE 400						4. II Amenument, Date of Original Flied (Month/Day/real)									Line)					
															X Form filed by One Reporting Person					
(Street) HOUSTON TX 77057													Form filed by More than One Reporting Person							
10031		<b>x</b> /	/05/		Dute	10		1(-)	Tuene		liana luan			_						
,					Rule	e TC	-200	T(C)	Trans	saci	tion Ind	licat	ion							
(City) (State) (Zip)				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		ution Date,					ies Acquired (A) Of (D) (Instr. 3,			5. Amo Securi Benefi Owneo Follow	ties cially 1 ring	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	v	Amount	(A (D	) or )	Price	Reported							
Common Stock 05/16/2					2023				A 1,065			A	<b>\$0</b> <sup>(1)</sup>	<sup>(1)</sup> 53,234			D			
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 an Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		D Si (li	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y   1	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shai	iber							

Explanation of Responses:

1. Shares granted pursuant to the 2017 Omnibus Incentive Plan as approved by stockholders on May 23, 2017. Non-employee directors are given an annual grant of Comfort Systems USA Common Stock following election or reelection at the Company's annual stockholders' meeting. This year's grant is equal to \$160,000, as rounded down to the nearest whole share, based on the average of the high and low price of the Company's Common Stock on the day of the annual stockholders' meeting.

<u>/s/ Rachel R. Eslicker,</u> <u>Attorney-in-Fact</u>

05/17/2023

\*\* Signature of Reporting Person Date

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

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5