FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

(I I	IES) <i>F</i>	ANL	ノヒス	CHAI	NGE	COIN	118112	210

OMB APPROVAL

l	OMB Number:	3235-0287
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ı	hours per response:	0.8

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(C). Se	ee Instruction 1	0.																		
Name and Address of Reporting Person* Guzzi Anthony					2. Issuer Name and Ticker or Trading Symbol EMCOR Group, Inc. [EME]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Ouzzi i</u>	<u> </u>												Director			10% O		6 Own	ner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)							1	Office below	tle	e Other (s below)		ecify		
301 MEI	RRITT SEV	'EN			08/29/2024								Chairman, President and CEO							
(Stroot)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) NORWA	LK CT	0	6851										ا	ine)	_	filed by (One Re	porting F	erson	n
,															Form Perso	filed by I	More tha	an One F	Report	ting
(City)	(St	(State) (Zip)																		
		Table	I - No	on-Deriva	tive	Secui	rities	Acc	quirec	l, Dis	sposed of	, or B	enefic	iall	y Own	ed	1			
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/					.	Execution Date,				Disposed Of	s. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 S)			and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	- 11	Reported Transaction(s) (Instr. 3 and 4)				(Instr	r. 4)
Common	Stock			08/29/20	24			G		1,500	D	\$0		217,596(1)		D				
Common Stock															5,79	0(2)	I		By the Guzzi Family Irrevocable Trust	
	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)	Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any			eemed Ition Date, Code (h/Day/Year)				6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (or Indir (I) (Insti	hip D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Number of Shares	er						

Explanation of Responses:

- 1. Includes shares issuable in respect of restricted stock units.
- 2. These securities were transferred by the reporting person as a gift to the Guzzi Family Irrevocable Trust (the "Trust") for the benefit of the reporting person's children. The reporting person's spouse is trustee of the Trust. Such transfer was reported on a previously filed Form 4. The reporting person disclaims beneficial ownership of such securities.

Maxine L. Mauricio, Attorney-in-Fact

08/30/2024

** 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.