FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL | | | | | | | | |
|----------------------|--------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average | burden | | | | | | | | |
| houre per response | . 0.5 | | | | | | | | |

| to Section 16. Form 4 or Form 5 | |
|---------------------------------|------------------------------------------------------------------------|
| obligations may continue. See | |
| Instruction 1(b). | 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 01 01 | | 0(11) 01 | tile ii | 14031 | unioni o | ompany Act | 01 10- | | | | | | | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------|------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------------|----------------------|--------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------|-----------|---------------------------------------------------------------|
| 1. Name and Address of Reporting Person* <u>Guzzi Anthony</u> | | | | 2. Issuer Name and Ticker or Trading Symbol EMCOR Group, Inc. [EME] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | |
| (Last) 301 MERF | • | (First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/12/2024 | | | | | | | | 2 | X Officer (give title below) Other (spec below) Chairman, President and CEO | | | | | • | |
| (Street) NORWALK CT 06851 | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | S. Individual or Joint/Group Filing (Check Applicabl ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | า | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication 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 - N | Ion-Deriva | tive | Secui | rities | Acq | uire | ed, Di | sposed o | of, or | Benef | icial | ly Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | 2A. Deemed Execution Da if any (Month/Day/Y | | n Date, | Co | Transaction Code (Instr. | | | | | | | s ally g | Form: (D) or Indired | Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Co | de | V A | mount | (A) or (D) | Price | Price | | ion(s) and 4) | | | | |
| Common S | Stock | | + | 03/12/2024 | 1 | | | S | 3 | | 6,000 | D | \$319.6 | 55 ⁽¹⁾ | 219,0 |)23(2) | 1 | D | Devid | tha |
| Common Stock | | | | | | | | | | | | | | 5,790(3) | | I | | By the Guzzi Family Irrevocable Trust | | |
| | | Tal | ole II | l - Derivati (e.g., pu | | | | | | | posed of converti | | | • | Owne | d | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) i | Exec if any | | 4. Transaction Code (Instr. 8) | | 5. Nur of Derive Secur Acqui (A) or Dispo of (D) (Instr. and 5 | ative rities ired sed | Expiration Date (Month/Day/Year) | | | Am Sec Und Der Sec | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | price of Derivative Security Instr. 5) | 9. Numb derivati Securiti Benefic Owned Followin Reporte Transac (Instr. 4) | ve es ially ng ed etion(s) | 10. Owners Form: Direct (i or Indirect) (I) (Insti | D) ect | 11. Natur of Indired Beneficia Ownersh (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exe | e rcisable | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |

Explanation of Responses:

- 1. The price reported is the weighted average of all the shares sold on March 12, 2024. The shares were sold at an average price of \$319.65, at varying prices in the range of \$319.58 to \$319.69. The Reporting person undertakes, upon request by the Staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer, to provide full information regarding the number of shares sold at each separate price.
- 2. Includes shares issuable in respect of restricted stock units.
- 3. 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, 03/12/2024 Attorney-in-Fact

** Signature of Reporting Person

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.