# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

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 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	s)													•					_
	d Address of S RANDA		Person*			Issuer Na LLINS				or T	rading S	ymbol	l		_X_ Direct	or	ck all a	pplicable _X_ 10%	e) Owner	
2170 PIE	DMONT	(First) RD	(	(Middle)		ate of Ea 25/201′		t Trans	saction	n (N	Month/Da	ay/Yea	ar)		X_Office	er (give title belo Chai		Other f the Boa	(specify belo	ow)
ATLAN	ΓA, GA 30	(Street)			4. If	Amendr	nent	, Date	Origir	nal l	Filed(Mor	nth/Day/	Year)		_X_ Form file	nal or Joint/C ed by One Report d by More than	rting Pers	son		Line)
(City		(State)		(Zip)			Т	able I	- Non	-De	erivative	Secu	rities A	Acqı	uired, Dispo	sed of, or E	Benefic	ially Ow	ned	
1.Title of S (Instr. 3)	ecurity		2. Transa Date (Month/I	action Day/Year)	any	emed on Date, /Day/Yea	if [	3. Fransac Code Instr. 8		(	4. Securit (A) or Di (Instr. 3,	sposed	of (D)	) B R	5. Amount of Beneficially ( Reported Tra Instr. 3 and	Owned Follonsaction(s)	owing	Form: Direct (l	/	cial ship
								Code	V	. A	Amount	(A) or (D)	Price	;				or Indire (I) (Instr. 4)	Ì	4)
	nc. Comm Par Value		01/25/2	2017				F		4	4,502	D	\$ 34.93	3 6	552,341 <u>(1</u>	)		D		
	nc. Comm Par Value													4	177,661 <sup>(2)</sup>	)		I	Spou	se
	nc. Comm Par Value													1	107,483,33	37 (2)		I		agement bany I,
Reminder:	Report on a s	separate line	e for each	class of se	curities l	peneficia	lly o	wned o		Per cor	rsons w ntained	ho re	s form	n ar	o the collect re not requently valid	ired to res	pond	unless	SEC 14	74 (9-02)
				Table II							Disposed				ally Owned					
Security	2. Conversion or Exercise Price of Derivative Security	3. Transac Date (Month/Da	ay/Year)	3A. Deeme Execution any (Month/Da	ed Date, if	4. Transac Code	tion	5.	ative ities ired esed	6. I	Date Exe d Expirat Ionth/Da	ercisab	le ate	7. T Am Und Sec	Title and nount of iderlying curities str. 3 and	8. Price of Derivative Security (Instr. 5)	Deriva Securi Benefi Owned Follow Report	ttive ties cially d ving ted action(s)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)
						Code	V	(A)		Da Ex	ate ercisable		ration	Titl	Amount or Number of Shares					

#### **Reporting Owners**

B 41 0 N 4			Relationships	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other
ROLLINS RANDALL R 2170 PIEDMONT RD ATLANTA, GA 30324	X	X	Chairman of the Board	

## **Signatures**

Robert Fugate, as Attorney-in-Fact for R. Randall Rollins	01/27/2017	7	7	7																												,	7	,						,	,	,				,	7	,	,		,	,	,	,				,	,	,	7	7	,	,		,	,	,		,	,	,	,	,	,	7	7	7	7	7	7	7	7	,	,	,	,	,	,						,	,	7	,	,	,			,	
**Signature of Reporting Person	Date				Ī	Ī	Ī						-			ı	Ī	Ì	Ì		-				Ì	Ì			 	-		 	_		_	_	 	 _	_	 _	_		_	-	_	_		_	_	 				_	 _	_	 			 _			_		 	 _	_		 					_											_	 _	_	_	_	 	_	 	 	 	 		_				 	Ī	 	 

### **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) This number includes 5,405 shares of 401(k) stock, 12,888 shares of IRA stock, and 257,100 of restricted shares.
- (2) R. Randall Rollins disclaims for the purpose of Section 16 of the Securities and Exchange Act of 1934 the beneficial ownership of these shares, except to the extent of any pecuniary interest therein, and this report is not an admission of such beneficial ownership.

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.