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~	ERVICES INC												
Form 4													
December 21	, 2012												
FORM	JRITIES AND EXCHANGE COMMISSION						OMB APPROVAL						
	UNITED	STATES				ND EXO D.C. 20		NGE C	COMMISSION	OMB Number:	3235-0287		
Check thi if no long	er										January 31, 2005		
subject to		MENT OF	F CHAN	GES IN BENEFICIAL OWNERSH					NERSHIP OF	Estimated a			
Section 1						ITIES				burden hours per			
Form 4 or Form 5		rement to S	Vaction 1	6(a) of	the	Soourit	ion F	vohona	h A at of 1024	response	0.5		
obligation	¹⁸ Section 17							-	e Act of 1934, 1935 or Sectior	'n			
may conti <i>See</i> Instru	inue.		of the In	•		•				1			
1(b).													
(Print or Type R	Responses)												
	ddress of Reporting	Person [*]	2. Issuer	er Name and Ticker or Trading				ng	5. Relationship of Reporting Person(s) to				
MILLER DARREN B Symbol QUANT				bol Iss ANTA SERVICES INC [PWR]					Issuer				
									(Check	c all applicable)		
(Last)	(First) (Middle)	3. Date of			ansaction							
(Month/D 2800 POST OAK BLVD., SUITE 12/03/20 2600				onth/Day/Year) 03/2012					Director X Officer (give		Owner er (specify		
									below) below)				
2000									VP - IT	& Administrati	ion		
(Street) 4. If Am			4. If Ame	Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
Filed(Mon				(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person				
HOUSTON	TX 77056-6175	τ.							Form filed by M				
11005101,	IX //050-01/.)							Person				
(City)	(State)	(Zip)	Tabl	e I - Noi	n-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Dat			3.		4. Securi			5. Amount of	6. Ownership			
Security (Instr. 3)	(Month/Day/Year)	Execution any	n Date, if		ctio	n(A) or Di	-		Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Insu: 5)		Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					5)	Owned	Indirect (I)	Ownership			
		,							Following	(Instr. 4)	(Instr. 4)		
							(A)		Reported Transaction(s)				
				C 1			or	р.	(Instr. 3 and 4)				
Common				Code	V	Amount	(D)	Price \$,				
Stock	12/03/2012			F		2,879 (1)	D	» 25.86	12,611	D			

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

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 control number.

 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)	4. Transact Code (Instr. 8)	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day e	6. Date Exercisable and Expiration Date (Month/Day/Year)		le and unt of rlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code N	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships							
r o c c c c c c c c c c	Director	10% Owner	Officer	Other				
MILLER DARREN B 2800 POST OAK BLVD., SUITE 2600 HOUSTON, TX 77056-6175			VP - IT & Administration					
Signatures								
/s/ Carolyn M. Campbell, Atty-in-Fact	12/21/2	2012						

**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).

These shares were withheld to cover taxes associated with vest of shares of restricted stock issued under the Company's 2007 Stock (1) Incentive Plan or the Company's 2011 Omnibus Equity Incentive Plan, as applicable.

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.