FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL					
OMB Number: 3235-01						
Estimated average burden						
hours per response:	0.5					

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*  Barber Bradley W			. Date of Event Requiring Staten Month/Day/Year 11/30/2006	nent ]	3. Issuer Name and Ticker or Trading Symbol  H&E Equipment Services, Inc. [ HEES ]							
(Last) (First) (Middle) C/O H&E EQUIPMENT SERVICES, INC.		ERVICES, INC.			(Check	tionship of Reporting Perso all applicable) Director	on(s) to Issuer  10% Owner Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year)			
11100 MEAD ROAD, SUITE 200  (Street)					X Officer (give title below) b  Executive Vice President			спу	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person			
BATON ROUGE	LA	70816								Form filed by Reporting Po	y More than One erson	
(City)	(State)	(Zip)										
		Т	able I - Non	-Derivati	ve Se	curities Beneficial	y Owned					
1. Title of Secu	rity (Instr. 4)	Т	able I - Non	2.	Amou	ecurities Beneficiall nt of Securities ally Owned (Instr. 4)	3. Ownersh Form: Dire or Indirect (Instr. 5)	cṫ (D)   (	4. Natu (Instr. !		Beneficial Ownership	
1. Title of Secu	rity (Instr. 4)		Table II - D	2. Be	Amoureneficial	nt of Securities	3. Ownersh Form: Dire or Indirect (Instr. 5)	ct (D) (			Beneficial Ownership	
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**Explanation of Responses:** 

## Remarks:

No securities beneficially owned.

No securities are beneficially owned.

<u>/s/ Bradley W. Barber</u> <u>01/26/2006</u>

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).