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 |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| ı | obligations may continue. See |
| | Instruction 1(h) |

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. Name and Address of Reporting Person* <u>Barber Bradley W</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol H&E Equipment Services, Inc. [HEES] | | | | | | | | | | Check | all app | p of Reportin blicable) ctor er (give title | g Perso | 10% C | to Issuer % Owner her (specify | | |
|--|---|--|---|---------|---|--|---------|--------------|--|--------------------------------------|-------|--|---|----------------|----------------------|---|--|---|---|---|--|--|
| (Last) (First) (Middle) C/O H&E EQUIPMENT SERVICES, INC. 7500 PECUE LANE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/03/2016 | | | | | | | | | | | X | belov | v) ` | nt & C | below) | | |
| (Street) BATON ROUGE (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indiv ine) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - Non | -Deriva | ative | Sec | curitie | s Ac | quir | red, C | Disp | osed o | f, o | r Ben | efici | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution ay/Year) if any | | | cution Date, | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | С | Code \ | V | Amount | (A) or (D) | | Price | • | Transaction(s) (Instr. 3 and 4) | | | | (111301.4) | |
| Common Stock, par value \$0.01 per share 08/03/. | | | | | | /2016 | | I | F ⁽¹⁾ | | 2,232 | 2 D | | \$17 | '.92 | 126,159 | | 1 | D | | | |
| 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercis Expiration Date (Month/Day/Yea | | | • | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | vnership rm: rect (D) Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | | Date Expiration Date | | | Title | or Nu of | ount mber ares | | | | | | | |

Explanation of Responses:

1. Return of securities to the Company in payment of Reporting Person's tax liability in connection with the vesting of previously issued restricted stock.

Remarks:

/s/ W. Scott Bozzell Attorney-

<u>08/04/2016</u>

in-Fact

** Signature of Reporting Person Da

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.