FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|------------|---------------|------------------|
| | | | |

OMB APPROVAL 3235-0287 OMB Number: 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).

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* BRUCKMANN BRUCE | | | | | | 2. Issuer Name and Ticker or Trading Symbol H&E Equipment Services, Inc. [HEES] | | | | | | | | | ck all app | olicable) ctor | Ü | | Owner |
|--|--|------------------------|----------------|---|--|---|--------|---|--------------|---|----------------------|-----------------|--|---------------------|---|--|---|---|--|
| (Last) (First) (Middle) C/O H&E EQUIPMENT SERVICES, INC. 7500 PECUE LANE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/04/2014 | | | | | | | | | Offic belov | er (give titl w) | e | Othe belo | er (specify w) | | |
| (Street) BATON ROUGE (City) | L <i>A</i> | | 70809 (Zip) | | 4. I | f Amen | dment, | Date | of Oriç | ginal F | iled (Month/D | ay/Year) | | 6. Ind Line) |) 【 Forn | n filed by C | one Re | ing (Check eporting Pe nan One Re | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | 5. Amount of | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transact (Instr. 3 | tion(s) | | | (1130. 4) |
| Common Stock, par value \$0.01 per share | | 12/04/20 | 12/04/2014 | | | | P | | 5,000 | A | \$30.00 | 098 65 | | ,775 | | D | | | |
| Common Stock, par value \$0.01 per share | | | | | | | | | | | | | 190 |),882 | | I | By Bruce C. Bruckmann Family Trust ⁽¹⁾ | | |
| Common | Stock, par v | value \$0.01 per | share | | | | | | | | | | | | 73, | ,344 | | I | By Bruce C. Bruckmann 1999 Gift Trust ⁽²⁾ |
| 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) | Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any C | | | | ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se (Ir | 8. Price of Derivative deri Security (Instr. 5) Owr Foll Rep Trar (Instr. 5) | | e s lly | 10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exer | cisable | Expiration e Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. These shares are held in a trust for the benefit of the Reporting Person's children. The Reporting Person's former spouse is the trustee of the trust. The Reporting Person disclaims beneficial ownership of

2. These shares are held in a trust for the benefit of the Reporting Person's children. The Reporting Person disclaims beneficial ownership of these shares.

Remarks:

/s/ W. Scott Bozzell Attorneyin-Fact

** Signature of Reporting Person

12/05/2014

Date

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.