FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANG | ES IN BE | NEFICIAL | OWNERS | HIP |
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| OMB APPROVAL | | | | | | | | | |
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0.5

hours per response:

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 S | Sectio | n 30(h) | of the I | nvestmen | t Con | npany Act | of 194 | 10 | | | | | | | |
|---|--|--------|--------------|--|---|----------------------|--|----------|---|--|-----------|---------------|---|---|---|--|--|--------------|------------|--|
| . Name and Address of Reporting Person* Sawyer John | | | | | 2. Issuer Name and Ticker or Trading Symbol H&E Equipment Services, Inc. [HEES] | | | | | | | | | 5. Relationship of Reporting Person(s (Check all applicable) X Director 1 | | | | son(s) to Is | | |
| (Last) (First) (Middle) C/O PENHALL CO. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/23/2008 | | | | | | | | | 71 | Officer (give title below) | | | | specify | |
| 1801 PENHALL WAY, P.O. BOX 4609 | | | | 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| Street) ANAHEI | M CA | A 9 | 92803 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| . Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | Code (| Transaction Disposed Of (Code (Instr. 5) | | | ies Acquired (A) or Of (D) (Instr. 3, 4 and | | | 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) | | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | : | Transaction(s) (Instr. 3 and 4) | | | | (IIISU. 4) | |
| Common Stock, Par Value \$0.01 09/23/ | | | 3/2008 | 2008 | | J ⁽¹⁾ | | 5,305 | ,305 A S | | \$0. | 00 | 5,305 | | | I | By Sawyer Family Trust ⁽¹⁾ | | | |
| Common Stock, Par Value \$0.01 | | | | | | | | | | | | | | 500 | | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Title of cerivative ecurity enstr. 3) 2. Conversion or Exercise price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year) | | Date, | Code (8) | Transaction Of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration (Month/Da | Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Date Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | nstr. 3 | - | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | O Fe D oi (I) | 0. Ownership orm: Direct (D) or Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Pro rata distribution from Bruckmann, Rosser, Sherrill & Co. II, L.P., of which the Reporting Person is a limited partner, to its limited partners. The shares are held by the Sawyer Family Trust.

Remarks:

/s/ W. Scott Bozzell Attorneyin-Fact

09/23/2008

** Signature of Reporting Person

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.