FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-028
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| Check this box in the 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 | Section | on 30(h) | of the I | nvestmer | nt Con | npany 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 a | II app | p of Reportin blicable) ctor er (give title | 10 | % Ov | | |
| (Last) (First) (Middle) C/O H&E EQUIPMENT SERVICES, INC. 7500 PECUE LANE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/12/2019 | | | | | | | | | X Officer (give title Other (specify below) President & COO | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| (Street) BATON ROUGE (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Acc | uired, | Dis | posed o | f, or | Ben | eficia | ally O | wne | ed | | | | |
| Date | | | | | Transaction ate Ionth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | id S | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A | () or () | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock, par value \$0.01 per share 03/12/. | | | | | 2019 | | | | A ⁽¹⁾ | | 12,325 | 5 | A | \$27.12 | | 110,768 | | D | | | |
| Common Stock, par value \$0.01 per share 03/12/ | | | | | | 2019 | | | F ⁽²⁾ | | 3,618 | | D | \$27. | 7.12 1 | | 07,150 | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Owi | ned | | | | | |
| L. Title of Derivative Security Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Executior if any (Month/Da | n Date, | 4. Transa Code (8) | | of I | | 6. Date E Expiratio (Month/D | n Date | • | 7. Title and Amount of Securities Underlying Derivative Security (In: and 4) | | estr. 3 | 8. Pric Deriva Securi (Instr. 4 | ivative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownersi Form: Direct (E or Indire (I) (Instr. | nip (| 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- 1. Issuance of shares in connection with the vesting of the Reporting Person's 2016 Performance Award.
- 2. Return of securities to the Company in payment of Reporting Person's tax liability in connection with the issuance of shares earned pursuant to the Reporting Person's 2016 Performance Award.

(D)

Date Exercisable

Remarks:

/s/ W. Scott Bozzell Attorney-

Number

of Shares

Title

Expiration Date

** 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).

Code

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.