FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
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| | Check this box if no longer subject to | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
|) | Section 16. Form 4 or Form 5 obligations may continue. See | | | | | | | | |
| | 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* <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 | |
|--|---|--|---|---|--|-----------------|---|--------------|-------------------------------------|-------------------------------|--------------------|---------------------|---|---|--|---------|---------|---|---|---|--|
| (Last) (First) (Middle) C/O H&E EQUIPMENT SERVICES, INC. | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2008 | | | | | | | | | X | belov | | | below) | |
| 11100 MEAD ROAD, SUITE 200 | | | | | | | | | | | | | | | | | | | | | |
| (Street) BATON ROUGE | LA 7 | | 70816 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Indivine) | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting | | | | on | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Pers | on | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | Transaction Dispose Code (Instr. 5) | | | Disposed | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and S | | Securities Beneficially (Owned Following (| | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | Co | ode \ | v | Amount | | (A) or (D) | Price | | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | |
| Common | Stock, Par | /2008 | | | F | F(1) | | 4,449 D | | D | \$15 | .89 | 31,431 | |] | D | | | | | |
| | | Та | ıble II - D | | | | | | | | | sed of, onvertib | | | | | vned | | | | |
| 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) | | n of | | Expi | ate Exe iration nth/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | nership rm: ect (D) Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | C | Code V (A) (D) | | (D) | Date Exer | e rcisable | | Expiration Date | Title | Amoun or Numbe of Fitle Shares | | | | | | | | |

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-

03/18/2008

in-Fact

** 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.