#### FOSTER VINCENT D

Form 4 May 22, 2009

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005
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Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF
SECURITIES
or

Form 5 Fil obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** FOSTER VINCENT D			2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer			
			QUANTA SERVICES INC [PWR]	(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				
			(Month/Day/Year)	X Director 10% Owner			
1360 POST OAK BLVD., SUITE 2100			05/20/2009	Officer (give title Other (specify below)			
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check			
HOUSTON, TX 77056-3023			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Table I Non Doningtine Committee As	onical Discool of an Boneficially Occurs			

(City)	(State)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed	of, or Benefici	ally Owned		
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securities Acquired on(A) or Disposed of			5. Amount of Securities	6. Ownership	7. Nature of Indirect		
(Instr. 3)	•	any (Month/Day/Voor)	Code	(D) (Instr. 3, 4 and 5)		Beneficially	Form: Direct	Beneficial			
		(Month/Day/Year)	(Instr. 8)	(IIISII. 5, 4	· and 3	,	Owned Following	(D) or Indirect (I)	Ownership (Instr. 4)		
					(A)		Reported	(Instr. 4)			
			C = V		or	ъ.	Transaction(s) (Instr. 3 and 4)				
Common			Code V	Amount 13,500	(D)	Price			By General		
Stock	05/20/2009		J	(1)	D	\$ 0	0	I	Partnership		
Common Stock	05/20/2009		J	1,040 (1)	A	\$0	46,080	D			
Common Stock	05/21/2009		A	3,585	A	\$0	49,665	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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#### number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ion Date		ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						`
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable Date	Title	Number			
						Lacroisdoic	Dute		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

FOSTER VINCENT D

1360 POST OAK BLVD., SUITE 2100 X

HOUSTON, TX 77056-3023

### **Signatures**

/s/ Vincent A. Mercaldi, Atty-in-Fact 05/22/2009

\*\*Signature of Reporting Person Date

# **Explanation of Responses:**

- \* 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).
- (1) Reports change in ownership from indirect to direct. These shares represent the pro rata distribution from a general partnership, of which Mr. Foster was a general partner.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2