(City)

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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Estimated average burde	en
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).

(State)

(Zip)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

affirmative defens 10b5-1(c). See In:	e conditions of Rule struction 10.			
1. Name and Addres	ss of Reporting Persory M	on *	2. Issuer Name <b>and</b> Ticker or Trading Symbol EVI INDUSTRIES, INC. [ EVI ]	Relationship of Reporting Person(s) to Issuer (Check all applicable)      Relationship of Reporting Person(s) to Issuer (Check all applicable)      Relationship of Reporting Person(s) to Issuer (Check all applicable)
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/24/2024	X Director X 10% Owner  X Officer (give title below) Other (specify below)
4500 BISCAYN	E BLVD.			Chairman, CEO and President
SUITE 340 (Street) MIAMI FL 33		33137	4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (li	ransaction Disposed Of (D) (Instr. 3, 4 and 5) ode (Instr.		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock, \$0.025 par value per share	02/24/2024		F		4,597(1)	D	\$20.77(2)	1,243,939	D	
Common Stock, \$0.025 par value per share								2,838,194	I	By Symmetric Capital LLC <sup>(3)</sup>

# 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)	2. Conversion or Exercise Price of Derivative Security	 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		5. Num Derivat Securit Acquire or Disp (D) (Ins and 5)	ive ies ed (A) osed of	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and A Securities Un Derivative Se (Instr. 3 and A	nderlying ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	(I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

#### Explanation of Responses:

- 1. Represents shares of the issuer's common stock surrendered to the issuer to satisfy the issuer's tax withholding obligation relating to the vesting of certain restricted stock awards previously granted to Henry M. Nahmad.
- $2. \ Represents the closing price of the issuer's common stock on February 23, 2024, the last trading day prior to the vesting date.\\$
- 3. Mr. Nahmad is the sole manager of Symmetric Capital LLC. Mr. Nahmad disclaims beneficial ownership of the shares of the issuer's common stock held by Symmetric Capital LLC except to the extent of his pecuniary interest therein.

<u>/s/ Henry M. Nahmad</u> <u>02/28/2024</u>
\*\* 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.