

Edgar Filing: QUANTA SERVICES INC - Form 4

QUANTA SERVICES INC  
Form 4  
April 10, 2001

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/ OMB APPROVAL /  
/-----/  
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| FORM 4 |  
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U.S. SECURITIES AND EXCHANGE COMMISSION  
WASHINGTON, D.C. 20549

Check this box if  
no longer subject  
to Section 16.  
Form 4 or Form 5  
obligations may  
continue. See  
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP  
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(f) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person/1/

Willis, Michael T.  
-----  
(Last) (First) (Middle)

1360 Post Oak Blvd., Suite 2100  
-----  
(Street)

Houston TX 77056  
-----  
(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

Quanta Services, Inc.; "Trading Symbol "PWR"  
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3. IRS Identification Number of Reporting Person, if an Entity  
(voluntary) -----

4. Statement For Month/Year March 2001  
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5. If Amendment, Date of Original (Month/Year) -----

6. Relationship of Reporting Person(s) to Issuer (Check all applicable)



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Security (Instr. 3)	Exercise Price of Derivative Security	Date (Month/Day/Year)	Code	V
Stock Option	\$6.00	03/23/01	M	

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

	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned at End of Month (Instr. 6)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Stock Option	08/11/98	02/10/08	Common Stock	15,000		-0-

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Explanation of Responses:

/s/ Michael T. Willis

4/9/01

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\*\*Signature of Reporting Person

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Date

\*\* 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 provided 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.  
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