## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average burden	
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).

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 affirmative defense conditions of Rule 1055.1(c). Sea Instruction 10.

## 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

1. Name and Address of Reporting Person <sup>*</sup>			2. Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Hornfeck Traci			ROLLINS INC [ ROL ]	Director 10% Owner				
			3. Date of Earliest Transaction (Month/Day/Year)	Officer (give title Other (specify				
(Last)	(First)	(Middle)	02/20/2024	X below) below)				
2170 PIEDMO	NT ROAD N.E.			PRINCIPAL ACCOUNTING OFFICER				
			4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable					
(Street)				X Form filed by One Reporting Person				
ATLANTA	GA	30324		Form filed by More than One Reporting Person				
(City)	(State)	(Zip)						
		Tabla I Man	Derivative Securities Acquired Dispessed of an Bana	fieldly Owned				

## 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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			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	<ul> <li>Transaction(s) (Instr. 3 and 4)</li> </ul>		(Instr. 4)
Common Stock	02/20/2024		A		5,835(1)	A	<b>\$0</b> <sup>(2)</sup>	17,053(3)	D	
Common Stock								146	D <sup>(4)</sup>	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)				Expiration Date (Month/Day/Year)		d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (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 restricted shares that will vest over a three-year period beginning on February 20, 2025, with one-third of the award vesting on that date and the remaining two-thirds vesting in equal portions on each subsequent anniversary of that date

2. Shares issued pursuant to the Issuer's 2018 Stock Incentive Plan. The Reporting Person did not provide, and the Issuer did not receive, any consideration for the issuance of these shares.

3. The amount reported in this column includes restricted shares and unrestricted shares held by the reporting person as of the date of the report.

4. Represents shares held as part of a Dividend Reinvestment Plan.

Remarks:

/s/ Elizabeth B. Chandler, Attorney-in-Fact

\*\* Signature of Reporting Person

02/22/2024

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.