

OMB APPROVAL

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FORM 4

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(h) of the Investment Company Act of 1940

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

(Print or Type Responses)

1. Name and Address of Reporting Person\*

Cynkus, Harry J.

(Last) (First) (Middle)

2170 Piedmont Road NE

(Street)

Atlanta, GA 30324

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol

Rollins, Inc. (ROL)

3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)

4. Statement for Month/Day/Year

02/28/03

5. If Amendment, Date of Original (Month/Day/Year)

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

[ ] Director [ ] 10% Owner  
[X] Officer (give title below) [ ] Other (specify below)

CFO/Treasurer

7. 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

<TABLE>  
<CAPTION>

7.	2.	2A.	3.	4.	5.	6.
Transaction	Date,	Deemed	Transaction	Securities Acquired (A) or	Amount of	Owner-
		Execution	(Instr. 3, 4 and 5)	Disposed of (D)	Securities	ship
					Owned	Form:
					Following	Direct



Option  
(Right to  
Buy)

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</TABLE>

Explanation of Responses:

/s/ Harry J. Cynkus

March 4, 2003

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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.