

(Print or Type Responses)

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

| OMB APPROVAL | | | | |
|--------------------------|-----------|--|--|--|
| OMB Number: | 3235-0104 | | | |
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| nours per respons | se 0.5 | | | |

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

| Name and Address of Reporting Person * Bell Susan R. | 2. Date of Event Statement (Mont 01/01/2021 | | 3. Issuer Name and Ticker or Trading Symbol ROLLINS INC [ROL] | | | |
|--|--|----------------------|---|---|---|--|
| (Last) (First) (Middle) 2170 PIEDMONT RD | — 01/01/2021 — | | 4. Relationship of Issuer | , , | · / | endment, Date Original htt/Day/Year) |
| (Street) ATLANTA, GA 30324 | | | (Check all applicable) _X_ Director | | Applicable l _X_ Form fi | dual or Joint/Group Filing(Check Line) iled by One Reporting Person led by More than One Reporting Person |
| (City) (State) (Zip) | Table I - Non-Derivative Securities Beneficially Owned | | | | | |
| 1.Title of Security (Instr. 4) | 2. Amount of Se Beneficially Own (Instr. 4) | | vned | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| Rollins, Inc. Common Stock, \$1 Par Value 100 | | 100 | D | | | |
| Reminder: Report on a separate line for each class of Persons who respond unless the form disp | d to the collection | on of information | on contained in t | | · | |
| (Instr. 4) | | | Amount of inderlying Derivativ | 4. Conversion or Exercise Price of Derivative | 5. Ownership Form of Derivative Security: Direct | of Ownership (Instr. 5) ity: Direct |
| | Date Expirat Exercisable Date | Title Amou Shares | ant or Number of | Security | (D) or Indirect (I) (Instr. 5) | |
| Panarting Owners | | | | | | |

Reporting Owners

| Depositing Owner Name / | Relationships | | | | |
|---------------------------------------|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Bell Susan R. | v | | | | |
| 2170 PIEDMONT RD ATLANTA, GA 30324 | X | | | | |

Signatures

| /s/ Susan R. Bell | 01/11/2021 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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.

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.