FORM 4

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

| OMB APPRO | OVAL |
|--------------------|-----------|
| OMB Number: | 3235-0287 |
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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 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

| Print or Type Responses) 1. Name and Address of Reporting Person * Murley Thomas S | | | | 2. Issuer Name and Ticker or Trading Symbol Ameresco, Inc. [AMRC] | | | | | 5 | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|---|-----------------|---|--|--|---------------------------|--|---|---|--|---|------------------|----------------------------------|--|--|
| (Last) (First) (Middle) C/O AMERESCO, INC., 111 SPEEN STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2018 | | | | | - | | (give title belo | | ther (specify be | low) |
| (Street) FRAMINGHAM, MA 01701 | | | 4. If Am | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | Table I - Non-Derivative Securities Acqu | | | | | | lired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of S (Instr. 3) | Title of Security 2. Transaction Date (Month/Day/Year | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. 8) | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | ed 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Following (s) | Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | V | Amount | (A) or (D) | Price | rice | | | or Indirect I) Instr. 4) | (Instr. 4) |
| Class A C | Common S | tock | 05/07/2018 | | | P | | 661 | A | \$ 11.4 | 7,000 | | |) | |
| Damindan | Donast on a | compress line f | or analy along of and | unities han | afiaially a | mad dina | ×1×. ~. | | | | | | | | |
| Reminder: indirectly. | Report on a | separate line f | or each class of sec | Derivative | e Securitie | es Acquire | Persecontains the fo | ons wh ained ir orm dis sposed o | this for plays a | rm are currei ieficial | not req | d OMB cor | formation spond unlo | ss | C 1474 (9- 02) |
| | 2. Conversion | 3. Transactio | Table II - n 3A. Deemed Execution D | Derivative (e.g., puts, | e Securitie , calls, war ansaction ode lastr. 8) | es Acquire rrants, opt | Persontathe for d, Distions, | ons whained irrorm dissposed of convertate Exerce Expiration on the large end of the large | this for plays a of, or Ben ible secu cisable on Date | rm are current efficially rities) 7. Ti Amo Unde Secu (Instrument) 4) | not req | uired to re | spond unle atrol number | To. Ownersh Form of Derivativ Security: Direct (L or Indirect) | 11. Nature of Indirec Beneficial Ownershi (Instr. 4) |

Reporting Owners

| Describes Occasional Address | Relationships | | | | | |
|---|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Murley Thomas S C/O AMERESCO, INC. 111 SPEEN STREET FRAMINGHAM, MA 01701 | X | | | | | |

Signatures

| /s/ David J. Corrsin, attorney-in-fact | 05/09/2018 |
|--|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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.

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.