FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| APPROVAL | |
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| | |

| OMB Number: | 3235-0287 |
|------------------------|-----------|
| Estimated average burd | len |
| 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

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

| issuer that is inten | conditions of Rule | | | | | |
|----------------------|-------------------------|-------|---|-----------|-------------------------------|-----------------------|
| 1. Name and Address | s of Reporting Person * | | 2. Issuer Name and Ticker or Trading Symbol | | tionship of Reporting Perso | on(s) to Issuer |
| Maltezos Louis P | | | Ameresco, Inc. [AMRC] | Check | all applicable) Director | 10% Owner |
| (Last) | (First) (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024 | X | Officer (give title below) | Other (specify below) |
| C/O AMERESC | O, INC. | | | | Executive Vice | President |
| 111 SPEEN STR | EET, SUITE 410 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | idual or Joint/Group Filing (| ` '' |
| (Street) | | | | - | Form filed by More than | - |
| FRAMINGHAM | MA | 01701 | | | | . • |
| (City) | (State) | (Zip) | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| (| 2. Transaction Date (Month/Day/Year) | 2A. Deemed 3. Trans if any Code (Month/Day/Year) | | tion | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---|--|--|------|------|--|---------------|-------|--|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

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

| 1. Title of Derivative Security (Instr. 3) | 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 (In 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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) | | |
| Stock Option (right to puchase) | \$21.13 | 03/08/2024 | | A | | 25,000 | | (1) | 03/07/2034 | Class A Common Stock | 25,000 | \$0 | 25,000 | D | |

Explanation of Responses:

1. Of the shares subject to the option, 20% vest on 03.08.2025, and the remainder vest in four equal installments on each of the subsequent four anniversaries of such date.

Remarks:

/s/ David J. Corrsin, attorney-in-

<u>fact</u>** Signature of Reporting Person

03/11/2024

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.