OMB APPROVAL / OMB Number: 3235-0287 / / Expires: September 30, 1998 / / Estimated average burden / hours per response..... 0.5 / U.S. SECURITIES AND EXCHANGE COMMISSION I FORM 4 I WASHINGTON, D.C. 20549 [_] Check this box if STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities obligations may Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or continue. See Instruction 1(b). Section 30(f) of the Investment Company Act of 1940 (Print or Type Responses) 1. Name and Address of Reporting Person* Foster Vincent (Last) (First) (Middle) 1360 Post Oak Blvd., Suite 2100 (Street) 77056 Houston (City) (State) (Zip) 2. Issuer Name and Ticker or Trading Symbol Quanta Services (PWR) 3. IRS or Identification Number of Reporting Person if an entity (Voluntary) Statement for Month/Year 8/99 If Amendment, Date of Original (Month/Year) 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) [X] Director [] Officer [] 10% Owner [] Other (give title below) (specify below) 7. Individual or Joint/Group Filing (Check Applicable Line) $\hbox{[X]} \quad \hbox{Form filed by One Reporting Person}$ _ Form filed by More than One Reporting Person TABLE I--NON-DERIVATIVE SECURITIES ACQUIRED, DISPOSED OF, OR BENEFICIALLY OWNED <TABLE> <CAPTION> . _______ 2. Trans- 3. Trans-5. Amount of 1. Title 4. Securities Acquired (A) 6. Owner-7. Nature of action action or Disposed of (D) Securities ship of In-Code Date (Instr. 3, 4 and 5) Beneficially Security Form: direct (Month/ (Instr. 8) (Instr. 3) Owned at Direct Bene-Dav/ _____ End of (D) or

Month

Indirect

ficial

Year)

Owner-		Code	V A	mount	(A) or	Price	(Instr. 3 and 4) (I)
ship					(D)			(Instr.
4) (Instr. 4)								
	405	(0)	(0)	a.	400	(0)		400
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	- / /							
Common Stock By general	8/24/99	P		4,000(1)	А	\$23.50	22,100	I
partnership								
Common Stock	8/27/99	Р		5,000(1)	A	\$21.4375	22,100	I
By general				, ,			,	
partnership								
								

								Reminder: Report on a owned directly or ind		ine for eac	ch class	of securi	ties benefic	cially		
* If this form is fil		than one re	porting	person, s	ee Instruct:	ion										
4(b)(v).																
FORM 4 (continued)																
TABLE IIDERIVATIV	E SECURITE	'S ACOUTRED	DISPOS	ED OF OR	BENEFICTALL'	Y OWNED										
(e.g., puts,						OWNED										
1. Title of Derivati Security (Instr.		2. Conve			ans- tion	4. Transaction Co		Number of Deriv ative								
Securities (Instr.	~*,*															
			cise e of		te Ionth/	(Instr.		Acquired (A) or Disposed of								
(D)																
and 5)		Deriv	7-	Da	.γ/			(Instr. 3, 4,								
		ative		Ye	ar)											
		Secur	тгу													
4-1						Code	V	(A)								
(D)																

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TABLE IIDERIVATIVE SECURIT: (e.g., puts, calls, warrant																
	6. Date E	xer-	7. Title an	d Amount of	8.	Price	9. Number	10. Owner								
11. Na-	cisabl	e and	Underlyi	ng Securities		of	of Deriv-	ship								
ture							OI BCIIV	SHIP								
of In-	Expira	tion	(Instr.	3 and 4)		Deriv-	ative	Form								
OI III	Date					ative	Secur-	of De-								
direct	(Month	/Day/				Secur-	ities									
rivative Bene-	(MOIICI	1/ Бау/				Secui-	ittes									
	Year)					ity	Bene-	Secu-								
ficial						(Instr.	ficially	rity:								
Owner-																
ship						5)	Owned	Direct								
	Date	Expira-	-	Amount or			at End	(D) o								
(Instr.	Exer-	tion	Title	Number of			of	Indi-								
4)			11010	Number of			01	Indi								
(1)	cisable	Date		Shares			Month	rect								
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(Instr. 4)																
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Explanation of Responses:

- /1/ The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein.
- **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.

/s/ Vincent D. Foster August 27, 1999
-----*Signature of Reporting Person Date