

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

+-----+  
| FORM 5 |  
+-----+

☐ Check box if  
no longer subject to Section 16.  
Form 4 or Form 5 obligations may continue. See Instructions 1(b).

ANNUAL 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(f) of the Investment Company Act of 1940

☐ Form 3 Holdings Reported

☐ Form 4 Transactions Reported

1. Name and Address of Reporting Person\*

Robbins	Elliott	C.
(Last)	(First)	(Middle)
1360 Post Oak Blvd., Suite 2100		
(Street)		
Houston,	TX	77056
(City)	(State)	(Zip)

2. Issuer Name and Ticker or Trading Symbol

Quanta Services, Inc.; Trading Symbol "PWR"

3. I.R.S. or Social Security Number of Reporting Person  
(Voluntary)

4. Statement for Month/Year January, 2000

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

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

☐ Director ☒ Officer ☐ 10% Owner ☐ Other  
(give title below) (specify below)  
Senior Vice President Operations

7. Individual or Joint/Group Filing (Check applicable line)

☒ 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>

1. Title of Security 7. Nature (Instr. 3) of In- direct Bene- ficial Indirect ship	2. Trans- action Date (Month/ Day/ Year)	3. Trans- action Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Price	5. Amount of Securities Beneficially Owned at the end of Month (Instr. 3 and 4)	6. Owner- ship Form: Direct (D) or (Instr.
4) (Instr. 4)		Code V	Amount (D)		



<TABLE>  
<CAPTION>

<S>	<C>	<C>	<C>	<C>	<C>	<C>	<C>	<C>
<C>								

\*\*Signature of Reporting Person                      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.