FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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* Eshleman Troy			2. Date of Event Requiring Statement (Month/Day/Year) 01/23/2025		r Name and Ticker or Tr MA FIX ENVIRO	ading Symbol ONMENTAL SERV	ICES	INC [PESI]
(Last)	(First)	(Middle)		Relationship of Reporting Person(s) to Issuer (Check all applicable)		5. If Amendment, Date of Original Filed (Month/Day/Year)		
8302 DUNWOODY PLACE, SUITE 250			X	Director Officer (give title below)	10% Owner Other (specify below)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street)	G.	20250			Chief Operating Officer		Form filed by More than One Reporting	
ATLANTA	GA	30350						Person
(City)	(State)	(Zip)						

Table I - Non-Derivative Securities Beneficially Owned

Beneficially Owned (instr. 4) Form: Direct (D) or 5)	1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)	. , ,	l '
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)			3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Indirect (I) Derivative (Instr. 5) Security		
Stock Option (Right to Buy)	(1)	01/23/2031	Common Stock	50,000	10.7	D	

Explanation of Responses:

 $1.\ Incentive\ Stock\ Option\ granted\ 01/23/2025\ under\ the\ Company's\ 2017\ Stock\ Option\ Plan.\ The\ Option\ is\ for\ a\ six-year\ period\ and\ vests\ over\ a\ five-year\ period\ at\ 1/5\ increment\ per\ year.$

/s/Troy Eshleman 01/30/2025

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).