Edgar Filing: KFORCE INC - Form 4

KFORCE IN	ЛС											
Form 4												
January 06, 2	2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB	3235-0287			
Check th	us box		Wa	shington,	D.C. 20	549			Number:	January 31,		
if no long	ner		E CILAN		DENIEFI	CIA			Expires:	2005		
subject to	0		г спар		GES IN BENEFICIAL OWNERSHIP OF					Estimated average burden hours per		
Section 1 Form 4 c				SECUN	SECURITIES							
Form 5		ursuant to !	Section 1	6(a) of th	e Securiti	ies F	xchange	e Act of 1934,	response	0.5		
obligatio	ns Section 1'						-	1935 or Section	ı			
may cont See Instr	unue.			vestment	•				•			
1(b).	uction	()			1	·						
(Print or Type]	Responses)											
1 Name and A	ddrass of Paportin	a Derson *	.	N7 1		n 1'		5 Palationship of	Deporting Der	on(s) to		
				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Symbol				CE INC [kfrc]								
		AC 11		_	_			(Chec)	k all applicable)		
(Last)	(First)	(Middle)		f Earliest Ti	ransaction			Director	100/	Owner		
1001 EAST	PALM AVEN	UE	01/02/2	/Day/Year)				Director 10 % Owner X Officer (give title Other (specify				
1001 EAST 17 ENTRY ENCL 01/02/2			015				below) below) Sr VP, Chief Financial Officer					
				endment, Date Original				6. Individual or Joint/Group Filing(Check				
			Filed(Mo	nth/Day/Year	:)			Applicable Line) _X_ Form filed by C	ne Reporting Pe	rson		
TAMPA, F	L 33605							Form filed by M				
	L 33003							Person				
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative S	Securi	ities Acqu	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction Da	te 2A. Deer	ned	3.	4. Securit			5. Amount of	6.	7. Nature of		
Security	(Month/Day/Year							Securities	Ownership	Indirect		
(Instr. 3)		any (Month/I	Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned	Form: Direct (D) or	Beneficial Ownership		
		(Woldwir	Juy/ I cui)	(11301.0)				Following	Indirect (I)	(Instr. 4)		
						(A)		Reported	(Instr. 4)			
						or		Transaction(s) (Instr. 3 and 4)				
~				Code V	Amount	(D)	Price	(Instr. 5 and 4)				
Common	01/02/2015			$F^{(1)}_{$	2,095	D	\$	94,949 (<u>2</u>)	D			
Stock					,		24.12					
Common	01/02/2015			А	31,820	А	\$ 0	126,769 (4)	D			
Stock	01/02/2015			Λ	(3)	Α	ψυ	120,709	D			

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

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 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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	Under Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
KELLY DAVID M 1001 EAST PALM AVENUE TAMPA, FL 33605			Sr VP, Chief Financial Officer					
Signatures								
Sara R. Nichols, Attorney-in-Fa Kelly	act for Da	vid M.	01/06/2015					

**Signature of Reporting Person

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).
- (1) Shares were withheld by the issuer solely to cover the minimum income tax withholding requirements associated with the vesting of 6,768 shares of restricted stock.

Date

- (2) Includes 58,602 shares of restricted stock.
- (3) Represents 31,820 shares of restricted stock that will vest at a rate of 20% annually beginning on January 2, 2016.
- (4) Includes 90,422 shares of restricted stock.

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.