BURNISON GARY D

Form 4

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December 06, 2018

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES SECURITIES Expires: January 31 2009 Estimated average burden hours per response 0.9 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(h) of the Investment Company Act of 1940									
(Print or Type	Responses)								
1. Name and ABURNISO	Address of Reporting Person N GARY D	2. Issuer Name ar Symbol KORN FERRY [KFY]]	5. Relationship of Issuer (Check	Reporting Pers		
	(First) (Middle) I/FERRY ΓΙΟΝΑL, 1900 AVENU ΓARS, SUITE 2600	3. Date of Earliest (Month/Day/Year) 06/08/2017 JE	Fransaction		-	_X_ Director _X_ Officer (give pelow)		Owner or (specify	
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by						Applicable Line) _X_ Form filed by O Form filed by M	One Reporting Person More than One Reporting		
(City)	(State) (Zip)	Table I - Non-	-Derivative S	Securiti	es Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	any		iomr Dispose (Instr. 3, 4	d of (D) and 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock, par value \$0.01 per share	06/08/2017	Code V	7 Amount 160,408 (1)	(D)	Price \$ 0 (2)	337,491	D		
Common Stock, par value \$0.01 per	12/03/2018	F	79,531 (3)	D	\$ 48.82	257,960	D		

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

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SEC 1474 (9-02)

> 9. Nu Deriv Secu Bene Own Follo Repo Trans (Insti

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration Da	ate	Amou	int of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)]
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						J
					(A) or						J
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date	Title	of		
				Code V	(A) (D)				Shares		
				Code V	(II)				Dilaics		

Deletionships

Reporting Owners

Reporting Owner Name / Address	Kelationships					
	Director	10% Owner	Officer	Other		
BURNISON GARY D						
C/O KORN/FERRY INTERNATIONAL	X		CEO			
1900 AVENUE OF THE STARS, SUITE 2600	71		CLO			
LOS ANGELES, CA 90067						

Signatures

/s/ Jonathan Kuai, 12/06/2018 attorney-in-fact

**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).
- Represents restricted stock units that vest on December 1, 2018. Acquired upon satisfaction of the performance criteria underlying **(1)** Synergy RSUs granted on December 23, 2015 under the Issuer's synergy incentive program.
- **(2)** Granted as compensation for services.
- Represents a reduction in shares to satisfy the tax withholding obligations of the Issuer with respect to the vesting, on December 1, 2018, (3) of 160,408 Synergy RSUs, as described in footnote (1) above.

Remarks:

Reporting Owners 2

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The number of securities beneficially owned following the transactions reported herein reflect the number of securities owned 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.