#### ON ASSIGNMENT INC

Form 4 March 02, 2011

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

may continue.

See Instruction

Check this box

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

1(b).

Common

Stock

03/02/2011

(Print or Type Responses)

1. Name and Address of Reporting Person * DAMERIS PETER T				2. Issuer Name <b>and</b> Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
				N ASSI	[GNME]	NT INC [AS	SGN]	(Chec	k all applicable	)	
	(Last)	(First) (N	Middle) 3. I	Date of E	Earliest Tr	ansaction					
			(M	Ionth/Day	y/Year)			_X_ Director		Owner	
ON ASSIGNMENT, INC., 26651				03/02/2011				_X_ Officer (give title Other (specify			
WEST AGOURA ROAD								below) below) President & CEO			
(Street)			4. I	4. If Amendment, Date Original			6. Individual or Joint/Group Filing(Check				
			File	ed(Month	n/Day/Year	)		Applicable Line) _X_ Form filed by			
CALABASAS, CA 91302							Form filed by More than One Reporting Person				
	(City)	(State)	(Zip)	Table 1	I - Non-D	erivative Secu	urities Acq	uired, Disposed o	f, or Beneficial	ly Owned	
	1.Title of	2. Transaction Date	2A. Deemed	3	3.	4. Securities	Acquired	5. Amount of	6. Ownership	7. Nature of	
	Security	(Month/Day/Year)	Execution Da	ate, if	Transactio	on(A) or Dispos	sed of (D)	Securities	Form: Direct	Indirect	
	(Instr. 3)		any		Code	(Instr. 3, 4 an	id 5)	Beneficially	(D) or	Beneficial	
			(Month/Day/	Year) (	(Instr. 8)			Owned	Indirect (I)	Ownership	
								Following	(Instr. 4)	(Instr. 4)	
						(A	.)	Reported			
						01		Transaction(s)			
					Codo V	Amount (D	) Drice	(Instr. 3 and 4)			

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

Code

D

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

611,257

D

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

Amount (D)

919 (1) D

Price

10.39

#### Edgar Filing: ON ASSIGNMENT INC - Form 4

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative		•		Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(
					4, and 5)						
					.,						
									Amount		
						Date	Expiration		or		
						Exercisable Date	Title Number				
						Exercisable	cisable Date		of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
DAMERIS PETER T ON ASSIGNMENT, INC. 26651 WEST AGOURA ROAD CALABASAS, CA 91302	X		President & CEO				

## **Signatures**

Peter T.
Dameris

\*\*Signature of Reporting Person

O3/02/2011

Date

### **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) Executive officer elected to satisfy tax withholding obligations upon vesting by having On Assignment, Inc. withhold a number of vested shares equal to that of the employee's tax liability.

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.

Reporting Owners 2