Edgar Filing: Gibson Christina - Form 4

| Gibson Chri Form 4 January 20, 1 | | | | | | | | |
|--|--|---|--|--|--|--|--|--|
| FORM | ЛЛ | | | | OMB AF | PROVAL | | |
| | UNITED STAT | ES SECURITIES ANI Washington, D. | | OMMISSION | OMB Number: | 3235-0287 | | |
| Check th if no lon subject to Section 7 Form 4 of Form 5 | ger o STATEMENT 16. or | OF CHANGES IN BE SECURIT | TIES | | Expires: Estimated a burden hour response | • | | |
| Form 5 obligations may continue. See Instruction 1(b). 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 A Gibson Chr | Address of Reporting Person istina | 2. Issuer Name and Tie Symbol ON ASSIGNMENT | - | Issuer | tionship of Reporting Person(s) to | | | |
| (Last) | (First) (Middle) | 3. Date of Earliest Trans | saction | (Check all applicable) | | | | |
| | NMENT, INC., 26745 IILLS ROAD | (Month/Day/Year) 01/19/2012 | 2012 _X_Officer (gi below) | | | ve title 10% Owner Other (specify below) nance and Controller | | |
| | (Street) | 4. If Amendment, Date O | Original | 6. Individual or Joint/Group Filing(Check | | | | |
| CALABAS | AS, CA 91301 | Filed(Month/Day/Year) | _X_ Form filed by C | | | Dne Reporting Person fore than One Reporting | | |
| (City) | (State) (Zip) | Table I - Non-Deri | ivative Securities Acq | uired, Disposed of. | , or Beneficiall | v Owned | | |
| 1.Title of Security (Instr. 3) | any | eemed 3. 4. tion Date, if Transaction(A | A) or Disposed of (D) nstr. 3, 4 and 5) (A) or mount (D) Price | 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 | | |
| Common Stock | 01/19/2012 | D 74 | $42 \frac{(1)}{1} D $ \$ 11.07 | 13,059 | D | | | |

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Edgar Filing: Gibson Christina - Form 4

| 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. Transactio Code (Instr. 8) | 5. 6. Date Exercisab forNumber Expiration Date of (Month/Day/Year Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|--|---------------------|--------------------|--|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Addı | ress | Relationships | | | | | | |
|---|------------|---------------|------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| Gibson Christina ON ASSIGNMENT, INC. 26745 MALIBU HILLS RO CALABASAS, CA 91301 | AD | | V.P., Finance and Controller | | | | | |
| Signatures | | | | | | | | |
| Christina Gibson | 01/20/2012 | | | | | | | |

**Signature of Reporting Person 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).
- Executive officer elected to satisfy tax withholding obligations upon vesting by having On Assignment, Inc. withhold a number of vested (1) 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.