Edgar Filing: BURNISON GARY D - Form 4

| BURNISON | GARY D | | | | | | | | | | |
|--|---|--|--|---|--------------|--|--|---|--|----------|--|
| Form 4 | | | | | | | | | | | |
| July 26, 2018 | 8 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | OMB APPROVAL | | |
| | UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549 | | | | | | COMMISSION | OMB Number: | 3235-0287 | | |
| Check thi if no long | | | | | | Expires: | January 31, | | | | |
| subject to Section 10 | SIAI 6. | EMENT O | Estimated a burden hou | rs per | | | | | | | |
| Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | Filed ^{ns} Section | response 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 R | lesponses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> BURNISON GARY D | | | 2. Issuer Name and Ticker or Trading Symbol KORN FERRY INTERNATIONAL [KFY] | | | | g | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | | | | | NAL | | | | |
| (Mo | | | (Month/Da | . Date of Earliest Transaction Month/Day/Year) | | | | X Director X Officer (give below) | title 10% Owner Other (specify below) | | |
| | FERRY IONAL, 1900 ARS, SUITE | | 07/25/20 |)18 | | | | | CEO | | |
| | (Street) | (Street) 4. If Amer Filed(Mont | | | - | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| LOS ANGELES, CA 90067 | | | | | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | Table | e I - Non-Do | erivative | Securi | ties Acc | uired, Disposed of | f, or Beneficial | ly Owned | |
| (Instr. 3) any | | ear) Executio any | | 3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) | | Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | | |
| | | | | Code V | Amount | or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock, par value \$0.01 per share | 07/25/2018 | | | F | 2,333 (1) | D | \$ 66.4 | 177,083 | 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) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur 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 / Address | | Relationships | | | | | |
|--|----------|---------------|---------|-------|--|--|--|
| FB | Director | 10% Owner | Officer | Other | | | |
| BURNISON GARY D C/O KORN/FERRY INTERNATIONAL 1900 AVENUE OF THE STARS, SUITE 2600 LOS ANGELES, CA 90067 | Х | | CEO | | | | |
| Signatures | | | | | | | |
| /s/ Jonathan Kuai, 07/26/20 attorney-in-fact | 018 | | | | | | |

Date

<u>**</u>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) Represents a reduction in shares to satisfy the tax withholding obligations of the Issuer with respect to the vesting, on July 25, 2018, of 4,705 shares of restricted stock held by the Reporting Person.

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.