## Edgar Filing: ON ASSIGNMENT INC - Form 4

ON ASSIGN	IMENT INC											
Form 4												
January 18, 2	2011											
FORM	4					~~~				PPROVAL		
	UNITED	) STATES		ATTIES A Shington,			NGE (	COMMISSION	OMB Number:	3235-0287		
Check this box									Expires:	January 31,		
subject to statement of changes in BENEFICIAL OW						NERSHIP OF	Estimated a	2005				
-	ection 16. SECURITIES								burden hou			
	Form 4 or								response	•		
Form 5 obligatio	<b>n</b> o <b>*</b>						-	ge Act of 1934,				
may cont				•	•	· ·		f 1935 or Sectio	n			
See Instr		30(h)	of the In	vestment	Compan	y Act	t of 194	40				
1(b).												
(Print or Type ]	Paspansas)											
(Fint of Type)	(Kesponses)											
1 Name and A	Address of Reporting	Person *	2 Issuer	Nama and	Tieker or '	Tradin		5. Relationship of	Reporting Per	son(s) to		
1. Name and Address of Reporting Person *2. IssuerDAMERIS PETER TSymbol				r Name <b>and</b> Ticker or Trading				Issuer				
			•	N ASSIGNMENT INC [ASGN]								
								(Check all applicable)				
(Last)	(First)	(Middle)		Earliest Tr	ansaction			V D'	100	0		
				h/Day/Year)				_X_ Director 10% Owner _X_ Officer (give title Other (specify				
ON ASSIGNMENT, INC., 26651 01/17/2011 WEST AGOURA ROAD					11				below) below)			
WEDT MOU	JORTROILD							Pre	sident & CEO			
				f Amendment, Date Original d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check				
								Applicable Line) _X_ Form filed by One Reporting Person				
	A.G. C.A. 01202								Jne Reporting Pe Jore than One Re			
CALABAS	AS, CA 91302							Person		1 0		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Aco	quired, Disposed of	f, or Beneficial	ly Owned		
1.Title of	2. Transaction Da								6. Ownership			
Security	(Month/Day/Year		ion Date, if Transaction(A) or Disposed of				d of		Form: Direct	Indirect Beneficial		
(Instr. 3)		any (Month/I	Code (D) Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Beneficially Owned	(D) or E Indirect (I) C			
(month Du).				$y_1(\alpha_1)$ (msu. $0$ ) (msu. $0$ , 4 and $0$ )				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
				Code V	Amount	(D)	Price	(msu. 5 and 4)				
Common	01/17/2011			D	1,604	D	\$	601,855	D			
Stock					(1)		8.81	,				

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)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Number of Derivative Securities Acquired (A) or Disposed of (D)	(Month/Day/Year) rivative curities quired ) or sposed		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative I Security (Instr. 5) I G	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships							
	Director	10% Owner	Officer	Other					
DAMERIS PETER T ON ASSIGNMENT, INC. 26651 WEST AGOURA ROAI CALABASAS, CA 91302	) Х		President & CEO						
Signatures									
Peter T. 01. Dameris	/18/2011								

\*\*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.