Edgar Filing: ON ASSIGNMENT INC - Form 4

ON ASSIGN	IMENT INC										
Form 4											
February 02,	2007										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									PPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi		e ,						January 31,			
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERSHIP (NERSHIP OF	Expires: 200 Estimated average		
Section 1				SECURITIES					burden hours per		
Form 4 or									response	•	
Form 5 obligation	• •						-	ge Act of 1934,			
may cont				•	•			f 1935 or Sectio	n		
See Instru	uction	30(h)) of the In	vestment	Compan	y Act	t of 194	40			
1(b).											
(Print or Type F	Responses)										
	1										
1. Name and A	ddress of Reporti	ng Person <u>*</u>	2. Issuer	Name and	Ticker or '	Tradin	ıg	5. Relationship of	Reporting Per	son(s) to	
MOHR SHA	AWN		Symbol	-				Issuer			
	ON ASS	ON ASSIGNMENT INC [ASGN]				(Check all applicable)					
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Cnec	к ан аррисаби	;)	
			(Month/D					Director	10%	Owner	
ON ASSIGN	NMENT, INC.	, 26651	02/01/20	007				X Officer (give below)	e title Othe below)	er (specify	
WEST AGO	OURA ROAD							· · · · · · · · · · · · · · · · · · ·	, Healthcare &	CSO	
	(Street)		4 If Ame	ndment Dat	te Original			6 Individual or Id	oint/Group Filin	10(Check	
. ,				. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line)			
				· · · · · · · · · · · · · · · · · · ·				_X_ Form filed by (
CALABASA	AS, CA 91302							Form filed by M Person	Iore than One Re	eporting	
(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 I	Date 2A. Dee	emed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye	ear) Executi	on Date, if	Transactio				Securities	Form: Direct	Indirect	
(Instr. 3)		any	Code (D)					Beneficially		Beneficial	
		(Month/	/Day/Year)	(Instr. 8)	(Instr. 3,	4 and	5)	Owned Following	Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
								Reported	()	(
						(A) or		Transaction(s)			
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	02/01/2007			F	268 <u>(1)</u>	D	\$ 12.9	102,470	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: ON ASSIGNMENT INC - Form 4

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber 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 Secu Bene Owna 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							
	Director	10% Owner	Officer	Other				
MOHR SHAWN ON ASSIGNMENT, INC. 26651 WEST AGOURA ROAD CALABASAS, CA 91302			President, Healthcare & CSO					
Signatures								
By: Power of Attorney, James Bril Mohr	l, CFO F	For: Shawn	02/02/2007					
<u>**</u> Signature of Reporting F	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.