## Edgar Filing: ON ASSIGNMENT INC - Form 4

ON ASSIGN	MENT INC											
Form 4												
April 06, 200	)9											
FORM	14									PPROVAL		
	UNITE	D STATES		LITIES Al shington,			NGE (	COMMISSION	OMB Number:	3235-0287		
Check thi									Expires:	January 31,		
if no long subject to		EMENT O	F CHAN	GES IN I	BENEFI	CIA	L OW	NERSHIP OF	Estimated a	2005 average		
Section 1				SECUR	ITIES				burden hours per			
Form 4 or									response	•		
Form 5 obligation	• •			· · /				ge Act of 1934,				
may cont				•	•	- ·		f 1935 or Sectio	n			
See Instru		30(h)	of the In	vestment	Company	y Act	t of 194	40				
1(b).												
(Print or Type F	Responses)											
	ddress of Reporti	ng Person <sup>*</sup>	2. Issuer	Name and	Ticker or 7	Гradin	g	5. Relationship of Reporting Person(s) to				
Gibson Christina Symbol ON AS				ol				Issuer				
				N ASSIGNMENT INC [ASGN]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of	Earliest Tra	ansaction			(Chee	x un applicable	-)		
(Month/				onth/Day/Year) /02/2009				Director	Owner			
ON ASSIGNMENT, INC., 26651 04/02/2								_X_Officer (give titleOther (specify below)				
WEST AGC	OURA ROAD								ance and Contr	oller		
	(Street)		4. If Ame	ndment, Dat	te Original			6. Individual or Jo	oint/Group Filin	1g(Check		
				d(Month/Day/Year)				Applicable Line)				
								_X_Form filed by (				
CALABASA	AS, CA 91302							Person	Iore than One Re	eporung		
(City)	(State)	(Zip)	Tabl	e I - Non-De	erivative S	Securi	ties Acc	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of	2. Transaction I	Date 2A. Dee	emed	3.				5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye		on Date, if	Transactio		spose	d of	Securities	Form: Direct			
(Instr. 3)		any (Month/	Day/Vear)	Code $(D)$ (Instr. 8) (Instr. 3, 4 and 5)			5)	2	(D) or Indirect (I)	Beneficial Ownership		
		(Ivioitti)	Day/Year) (Instr. 8) (Instr. 3, 4 and 5)				5)	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						(A) or		Transaction(s)				
				Code V	Amount		Price	(Instr. 3 and 4)				
Common Stock	04/02/2009			D	121 (1)	D	\$ 3.09	12,192	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)

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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and unt of rlying ities . 3 and 4)	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		

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## **Reporting Owners**

Reporting Owner Name / Add	ress	Relationships						
L O	Director	10% Owner	Officer	Other				
Gibson Christina ON ASSIGNMENT, INC. 26651 WEST AGOURA ROAD CALABASAS, CA 91302			V.P., Finance and Controller					
Signatures								
Christina Gibson	04/06/2009							

\*\*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.