## Edgar Filing: TrueBlue, Inc. - Form 4/A

TrueBlue, In	с.											
Form 4/A												
March 04, 20	)14											
FORM	4								OMB AF	OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287			
Check thi	ter.								Expires:	January 31,		
if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNERS SECURITIES				NERSHIP OF	Estimated a	2005 Iverage		
Section 1									rs per			
Form 4 or Form 5	-					P		- 1	response (			
obligation	•						•	e Act of 1934, 1935 or Sectior				
may cont	inue.			vestment	•	· ·			1			
<i>See</i> Instru 1(b).	iction	50(II)	of the m	vestilient	Compan	y At	101194	0				
(Print or Type F	Responses)											
1. Name and A	ddress of Reportin	ng Person <u>*</u>	2. Issuer	r Name <b>and</b>	Ticker or	Tradiı	ng	5. Relationship of	Reporting Pers	son(s) to		
Gafford Derrek Lane Symbol				0				Issuer				
				Blue, Inc. [TBI]				(Check all applicable)				
(Last) (First) (Middle) 3. Date of				f Earliest Transaction				(Checi				
(Month/D				nth/Day/Year)				Director 10% Owner				
1015 A STREET, P.O. BOX 2910 02/07/2			02/07/2	07/2014				X_ Officer (give title Other (specify below)				
								· · ·	ive VP and CF	0		
	(Street)		4. If Ame	ndment, Da	te Original	l		6. Individual or Jo	int/Group Filin	g(Check		
			nth/Day/Year	)			Applicable Line) _X_ Form filed by One Reporting Person					
02/11/20									One Reporting Person Aore than One Reporting			
TACOMA,	WA 98402							Person		1 0		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction D	Date 2A. Deer	med	3.	4. Securi			5. Amount of	6. Ownership 7. 1	7. Nature of		
Security	(Month/Day/Yea		n Date, if	Transactio		-			Form: Direct			
(Instr. 3)		any (Month/I	Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				5	× /	Beneficial Ownership		
		(infolicity)	(11047.0)				Following		(Instr. 4)			
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
C				Code V		(D)	Price	(insure and i)				
Common	02/07/2014			F	3,505	D	\$	51,177	D			
Stock					(1)		25.26					

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)

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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. 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 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 / Address	Relationships						
	Director	10% Owner	Officer	Other			
Gafford Derrek Lane 1015 A STREET P.O. BOX 2910 TACOMA, WA 98402			Executive VP and CFO				
Signatures							
Todd N. Gilman, Attorney-in-fact	03	8/04/2014					
**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).

On February 7, 2014, the number of shares withheld for payment of the reporting person's tax liability was understated by 302 shares. The number of shares shown in Box 5 of Table I (Amount of Securities Beneficially Owned Following Reported Transactions) reflects the correction for the understatement as well as the cumulative effect of subsequent transactions reported on the Forms 4 filed by the reporting person on February 11, 2014 and February 12, 2014.

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.