| SEC Form 4 | |
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Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

| 1. Name and A Soares Ni | Address of Reporting | Person [*] | 2. Issuer Name and Ticker KELLY SERVICE | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|----------------------------|-------------------------|---------------------|---|---------------------------------|------------------|--|--------------------------------|----------------|--|--|--|
| (Last) 999 WEST | (First) BIG BEAVER R | (Middle) | 3. Date of Earliest Transact 02/15/2024 | tion (Month/Day/Year) | x | Officer (give title below) Senior Vie | Other below ce President | (specify /) | | | |
| | | | 4. If Amendment, Date of C | Driginal Filed (Month/Day/Year) | 6. Indi Line) | vidual or Joint/Grou | p Filing (Check | Applicable | | | |
| (Street) | | | | | X | Form filed by On | e Reporting Per | rson | | | |
| TROY | MI | 48084-4716 | _ | | | Form filed by Mo Person | | | | | |
| (City) | (State) | (Zip) | | ransaction Indication | nt to a contr | act instruction or writ | ten plan that is int | tended to | | | |
| | | Table I - Non-Deriv | satisfy the affirmative def | red, Disposed of, or Ben | e Instruction | n 10. | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|-------------------------------------|--|---|------------------------------|---|--------|---------------|---|---|---|-----------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Class A Common Stock, Par Value \$1 | 02/15/2024 | | F | | 215 | D | \$23.03 | 50,617 | D | |
| Class A Common Stock, Par Value \$1 | 02/15/2024 | | F | | 394 | D | \$23.03 | 50,223 | D | |

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of E Derivative Securites Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|---|--|--|---|-------|---|--|--|--|
| | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

/s/ Cynthia D. Mull, attorney-02/16/2024 in-fact for Ms. Soares

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.