| FC | ORM 4 | UNITE | D STATE | ES S | SECURITIES | | | | GE C | OMMIS | SSION | | | | | |
|--|----------------------------|---|---------------------------------------|---|--|---|-----|------------------------------------|---------------|------------|--|---|---|--|--|--|
| | | Washington, D.C. 20549 | | | | | | | | | | OMB APPROVAL | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | STATEMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | Estin | 3 Number: nated average burd s per response: | 3235-0287 den 0.5 | | | |
| 1. Name and Address of Reporting Person [*] Malan Daniel H | | | | 2. Issuer Name and Ticker or Trading Symbol <u>KELLY SERVICES INC</u> [KELYA] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | |
| (Last) 999 WEST B | (First) BIG BEAVER ROAI | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/16/2024 | | | | | | | Officer (give title below) Senior V | ice President | | | | |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | Form filed by O | ne Reporting Per | son | | | |
| TROY | MI | 48084-4 | 716 | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | Ī | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | |
| | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | |
| | Tal | ole I - No | n-Derivati | ve S | ecurities Acq | uired, | Dis | posed of, | or Bei | neficially | / Owned | | | | | |
| Date | | | 2. Transactio Date (Month/Day/Y | Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of 5) | | | 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) | | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

F

3,169

| 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. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

Class A Common Stock, Par Value \$1

/s/ Cynthia D. Mull, attorney-03/18/2024

in-fact for Mr. Malan

** Signature of Reporting Person Date

\$24.41

83,373

D

D

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).

03/16/2024

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.