## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

| to Section 16. Form 4 or Form 5<br>obligations may continue. See             |   |  |        |  | IT OF CHANGES IN BENEFICIAL OWNERSHIP pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 |                                       |        |   |                                |                 |                      |  |   |                      |  |  |   | en 📗   |  |  |
|--|---|--|--------|--|--|---------------------------------------|--------|---|--------------------------------|-----------------|----------------------|--|---|----------------------|--|--|---|--|--|--|
| 1. Name and Address of Reporting Person*<br><u>Williams Vanessa Peterson</u> |   |  |        |  | 2. Issuer Name and Ticker or Trading Symbol<br><u>KELLY SERVICES INC</u> [ KELYA ]   |                                       |        |   |                                |                 |                      |  | (Chec   | k all app<br>Direc   | licable)                                     | 0  | erson(s) to Is<br>10% Ov<br>Other (s                              | vner   |  |  |
| (Last)(First)(Middle)999 WEST BIGBEAVER ROAD                                 |   |  |        | 3. Date of Earliest Transaction (Month/Day/Year)<br>02/16/2022 |  |                                       |        |   |                                |                 |                      | X  | belov   | v)                   | General Counsel                              |  |   |  |  |  |
| (Street)   |   |  |        |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |                                       |        |   |                                |                 |                      |  | 6. Individual or Joint/Group Filing (Check Applicable Line) |                      |  |  |   |  |  |  |
| TROY   |   |  |        |  |  |                                       |        |   |                                |                 |                      |  |   | X                    | Form filed by One Reporting Person           |  |   |  | on   |  |
| (City)   | (St   | ate) (Z                                    | Zip)   |  |  |                                       |        |   |                                |                 |                      |  |   |                      | Form filed by More than One Reporting Person |  |   |  |  |  |
|  |   | Table                                      | I - No | n-Deriva   | tive S   | Secui                                 | rities | Acq                                       | uired,                         | Dis             | posed of             | , or B   | enef  | icially              | / Own  | ed   |   |  |  |  |
| 1. Title of Security (Instr. 3)<br>Date<br>(Month/Da                         |   |  |        |  | Execution<br>ay/Year) if any   |                                       |        | ution Date,                               |                                | ction<br>Instr. |                      |  | ired (A<br>nstr. 3,   | , 4 and Secu<br>Bene |  | cially<br>Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |
|  |   |  |        |  |  |                                       |        |   | Code                           | v               | Amount (A) or (D) F  |  | or Pr   | ice                  | Transaction(s)<br>(Instr. 3 and 4)           |  |   |  | (11501.4)  |  |
| Class A Common Stock, Par Value \$1 02/16/                                   |   |  |        |  | 2022   |                                       |        | F   |                                | 353             | D                    | \$   | 22.13   | 21,019               |  |  | D   |  |  |  |
|  |   | Tal  |        |  |  |                                       |        |   |                                |                 | osed of,<br>onvertib |  |   |                      | Owne   | d  |   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | if any | ution Date, Tra  |  | Transaction of<br>Code (Instr. Deriva |        | ative<br>rities<br>ired<br>osed<br>. 3, 4 | 6. Date<br>Expirati<br>(Month/ | on Da           |                      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (I<br>3 and 4) |   | De<br>Se<br>(In:     | Price of<br>rivative<br>curity<br>str. 5)    | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | ly  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |        | 1  |  |                                       |        |   |                                |                 |                      |  | <b>A</b>  |                      |  |  |   |  |  |  |

Date Exercisable

Expiration Date

Explanation of Responses:

## /s/ Cynthia D. Mull, attorneyin-fact for Ms. Williams

Number

Shares

of

Title

02/18/2022

\*\* 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).

Code ١v (A) (D)

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.