FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | . , | | | | ' ' | | | | | | | | | | | |
|--|---|--|--|--------------------------|--|--|---|-------|--------------------------------------|----------|---|---|----------|----------------------|---|---|---|---|---|--|--|--|
| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol KELLY SERVICES INC [KELYA] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| <u>CAMDEN CARL T</u> | | | | | | | 1 01 | | 110 11 | <u> </u> | TELLIT | 1 | | | X | Direc | tor | 10 | % Owner | r | | |
| (Last) | (Fir | rst) (| Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | \dashv | X | Office | er (give title v) | | ner (spec ow) | cify | | | |
| 999 WEST BIG BEAVER ROAD | | | | | 12/01/2011 | | | | | | | | | | President & CEO | | | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| TROY MI 48084 | | | | | | | | | | | | | | | X | Form | filed by One | Reporting F | erson | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| | | Tabl | e I - Nor | า-Deriva | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, or | Ben | eficia | ally (| Owne | ed | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execu ay/Year) if any | | xecution any | Deemed ecution Date, ny onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and S | | ount of ties cially d Following | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | of In ct Bene Own | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | | action(s) 3 and 4) | | (iiist | (111341.4) | | | |
| Class A C | ommon Sto | ock, Par Value \$1 | 1 | 12/01/ | /2011 | | | | F | | 6,120 | | D | \$14 | .23 | 2' | 70,469 | D | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date E Expiratio (Month/E | n Dat | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | vative (irity : 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of In Bend Own ct (Inst | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Co | Code V | | (A) | (D) | Date Exercisa | | Expiration Date | OI Ni of | | ount nber ires | | | | | | | | |

Explanation of Responses:

 Carl T. Camden
 12/02/2011

 by James M. Polehna,
Attorney-in-fact
 12/02/2011

** 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.