FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

			UI Secti	011 30(11) 01	the investment Company Act of 1	1940				
1. Name and Address of Reporting Person* CUBBIN ROBERT S 2. Date of Event Requiring Statement (Month/Day/Year) 08/01/2014			nent	3. Issuer Name and Ticker or Trading Symbol KELLY SERVICES INC [KELYAKELYB]						
(Last) 26255 AM	(First) MERICAN DRIV	(Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street)	et) JTHFIELD MI 48034				Officer (give title below)	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)								
			Table I - Nor	-Derivat	ive Securities Beneficia	lly Owned				
1. Title of Security (Instr. 4)					. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Class A Common Stock, Par Value \$1					3,123					
Class B Common Stock, Par Value \$1					100	D				
					e Securities Beneficially nts, options, convertible		s)			
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year) Date Exercisable Expiration Date Exercisable Date		ate	Underlying Derivative Security (Instr. 4) Cor		Convers	xercise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
				Expiratior Date	n Title	Amount or Number of Shares	Price of Derivati Security	ive or Indirect		

Explanation of Responses:

Robert S. Cubbin

08/04/2014

by Wendy Lauzano-Hertz,

08/04/2014

Attorney-in-Fact

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).