FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APP	ROVAL
	OMB Number:	3235-0287
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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

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. Name and Address of Reporting Person* Polehna James				2. Issuer Name and Ticker or Trading Symbol KELLY SERVICES INC [KELYA]							Check a		licable)	g Perso	Person(s) to Issue				
(Last) 999 WES	`	rst) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 01/04/2015								belov	,	orate S	Other (specify below) orate Secretary			
Street) TROY MI 48084 (City) (State) (Zip)					4. If An	4. If Amendment, Date of Original Filed (Month/Day/Year)							ne) X	,					
		Tabl	e I - Nor	า-Deriv	ative S	ecurities Acc	quired,	Disp	osed o	of, c	r Ben	eficia	ally O	wne	∍d				
. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						2A. Deemed Execution Date, if any (Month/Day/Year	3. Transaction Code (Instr. 8)		5) (A) or			nd S B O R	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Class A Common Stock, Par Value \$1 01/04/				/2015		F				(D)	\$16	(1	9,953.38		D				
		Та				urities Acqu ls, warrants,								ned					
erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		4. Transactio Code (Insi 8)		6. Date E Expiratio (Month/D)	Amount		str. 3	8. Price Derivat Securit (Instr. 9	tive ty	9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owi For Dire or li (I) (I	nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					

Date Exercisable Expiration Date

Explanation of Responses:

<u>James Polehna</u> 01/05/2015 <u>by Wendy Lauzano-Hertz</u>, <u>Attorney-in-Fact</u> 01/05/2015

** Signature of Reporting Person Da

Amount or Number

of Shares

Title

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

Code

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.

(A) (D)

 $^{^{\}star}$ 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).