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 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

| | | | | | 01 0 | occu | 011 30(11) | OI LIIC | iiivestiiie | in Co | inpuny Act | 01 13- | +0 | | | | | | | |
|---|---|--|--|--|--|-----------------------------|---|---------|-------------------------------------|---|---|--|----------------|---|----------|--|---|---|--|--|
| 1. Name and Address of Reporting Person* <u>Webster Michael S</u> | | | | 2. Issuer Name and Ticker or Trading Symbol KELLY SERVICES INC [KELYA] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | 1 | TELLI SLIVIGLS IVO [RELIT] | | | | | | | | | | Director | | 10% | Owner | | |
| (Last) | Last) (First) (Middle) | | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | belov | , | below | ' | |
| 999 W BIG BEAVER ROAD | | | | 12/ | 12/01/2012 | | | | | | | | | Executive Vice President | | | | | | |
| (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 | | | | | | | | | | | | | Forn | rm filed by One Reporting Person | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Forn Pers | | re than One Reporting | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Ac | quired | , Dis | posed o | f, or | Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution (ay/Year) if any | | Deemed cution Date, ly nth/Day/Year) | | Transaction Dispose Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Se Be | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount (A) | | (A) or (D) | Price | Trans | | action(s) 3 and 4) | | (111501.4) | | |
| Class A Common Stock, Par Value \$1 12/01/ | | | | /2012 | | F | | 1,925 | | D | \$13.66 | | 1 | 21,520 | 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, | | Transaction Code (Instr. | | | | 6. Date Exercis. Expiration Date (Month/Day/Yea | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nu of | ount mber ares | | | | | | |

Explanation of Responses:

Michael S. Webster12/03/2012by Wendy Lauzano-Hertz,
Attorney-in-fact12/03/2012

** Signature of Reporting Person Dat

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.