FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	

STATEMENT	OF CHANGE	S IN BENEFICIAL	. OWNERSHIP

-	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burde	en									
-	hours per response:	0.5									

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* Wolstencroft Tracy R				2. Issuer Name and Ticker or Trading Symbol HEIDRICK & STRUGGLES INTERNATIONAL INC [HSII]									ck all applica Director	*		ner		
(Last) (First) (Middle) 233 S. WACKER DRIVE SUITE 4200				03/	3. Date of Earliest Transaction (Month/Day/Year) 03/09/2015								President and CEO					
(Street) CHICAGO (City)) IL		50606 Zip)		4. If Amendment, Date of Orig				Original Filed (Month/Day/Year)				Line)	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(318		ole I - Non	-Deriv	 /ativ	e Se	curitie	s Acai	uired.	Dist	osed of.	or Bene	ficially	Owned				
1. Title of Security (Instr. 3) 2. Tra			2. Trans	action 2A. Deen Executio Day/Year) if any		Deemed ecution Date, ny		3. Transaction Code (Instr.		4. Securities Acquired (A)		5. Amount Securities Beneficial Owned Fo	ly	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 ar				Instr. 4)		
Common Stock 03/0				03/09	9/201	0/2015 03/09/2015		A		14,419	A	(1)	(1) 14,4			D		
Common Stock 03/0			03/09	9/2015 03/09/2		2015	F		6,234	D	\$23.64	8,185			D			
			Table II - I								sed of, o			wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	Code (5. Numb Derivativ Securitic Acquirer Dispose (D) (Instrand 5)		6. Date Exerc Expiration Da (Month/Day/Y		cisable and ate 7. Title and Amount of		f g Security	8. Price of Derivative Security (Instr. 5)		e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)	(3)	
2014 Restricted Stock Units ⁽²⁾	(1)	03/09/2015	03/09/20:	15	М			14,419	(3])	(3)	Common Stock	(2)	(1)	28,83	8	D	
2015 Restricted Stock Units ⁽²⁾	(1)	03/09/2015			A		35,956		(3])	(3)	Common Stock	(2)	(1)	64,79	4	D	
2015 Performance Restricted Stock Units ⁽²⁾	(1)	03/09/2015			A		35,956		(4))	(4)	Common Stock	(2)	(1)	79,21	3	D	

Explanation of Responses:

- 1. The number of RSU's or PSU's awarded to the Reporting Person was determined by dividing the total dollar value of compensation granted to the Reporting Person by the closing price of HSII common stock on the date of grant in March of the resepective year.
- 2. Granted under the Company's Global Share Plan. Each RSU or PSU represents a right to receive one share of the Issuer's Common Stock upon vesting.
- 3. The RSUs are service-based and will vest in three equal installments (specifically on the first, second and third anniversaries of the date of grant), generally subject to the Reporting Person's continued employment with the Company.
- 4. The PSUs are performance based and will vest in full upon the 3rd anniversary of the date of grant subject to the achievement of certain performance measures and based on a graduated scale.

Remarks:

/s/ Stephen W. Beard, Attorney-03/11/2015 In-Fact

** 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.