SEC I	Form 4
-------	--------

FORM	4
------	---

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

17

	no 1/b)			E 31			to Continu	10(0)					224		nours	per res	sponse:	0.5
Instructio	ит 1(D).			FII							es Exchang npany Act c		934					
1. Name and Address of Reporting Person* <u>KAMERICK EILEEN A</u>				HE	2. Issuer Name and Ticker or Trading Symbol HEIDRICK & STRUGGLES INTERNATIONAL INC [HSII]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify					
(Lact) (Firet) (Middle)														X Officer (give title Other (spe below) below)			specily	
(Last) (First) (Middle) 233 SOUTH WACKER DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 03/03/2006								C	hief Finaı	ncial	Officer	
SUITE 4200				0.5/1	03/03/2000													
					4. If	Ame	endment, D	ate of	Original F	iled	(Month/Day	//Year)	6. In Line	dividual or J	oint/Group	Filing	(Check Ap	olicable
(Street)) IL	C	0606											/	led by One	Repo	orting Perso	n
		0	0000											Form filed by More than One Reporting Person				
(City)	(Sta	te) (2	Zip)											1 01301	l			
		Tab	e I - Noi	1-Deriv	/ative	Se	curities	Acc	nuired. I	Dis	nosed of	f. or Ber	neficially	y Owned				
1. Title of Se	curity (Instr.			2. Trans			2A. Deeme		3.			es Acquire		5. Amour	nt of	6. Ow	nership	7. Nature of
Date				Date (Month/	Day/Yea		Execution Date, if any (Month/Day/Year)		Transaction Disposed Of Code (Instr. 5)					Securitie Beneficia Owned F Reported	s Fo ally (D following (I)	Form (D) or	orm: Direct) or Indirect (Instr. 4)	Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount	(A) or (D)	Price	Transacti	nsaction(s) str. 3 and 4)		ľ	(insu: 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
				(e.g., p	outs,	call	s, warra	nts,	option	s, c	onvertib	le secu	rities)					
1. Title of Derivative Security (Instr. 3)	rivative curity Conversion Date Execution Date, if any		Date,	4. Transactio Code (Insti 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title an of Securit Underlyin Derivative (Instr. 3 a	g e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Management Options (Right to Buy) ⁽¹⁾	\$32.96	03/03/2006			A		13,000		(1)		03/03/2011	Common Stock	13,000	\$0	66,000	0	D	
Management Restricted	¢0	02/02/2006			^		6 500		(2)		(3)	Common	6 500	¢0	42.00	0	D	

03/03/2006 6,500 (2) (3) \$<mark>0</mark> A Stock Units⁽²⁾ Restricted (2) 03/03/2006 (3) 2 670 Stock \$<mark>0</mark> Α Units⁽⁴⁾

Explanation of Responses:

1. This award vests ratably over three years (i.e., 1/3 on 3/3/07, 1/3 on 3/3/08 and 1/3 on 3/3/09).

2. This award vests ratably over three years (i.e., 1/3 on 3/3/07, 1/3 on 3/3/08and 1/3 on 3/3/09). Upon vesting, these securities automatically convert into an equal number of shares of Company common stock. 3. As Restricted Stock Units automatically convert upon the vesting date, there is no expiration date for this award.

4. This award has been granted in lieu of a percentage of the reporting person's cash bonus.

Stephen W. Beard, Attorney-In-03/07/2006

Fact

** Signature of Reporting Person Date

6,500

2.670

Stock

Common

Stock

\$<mark>0</mark>

\$<mark>0</mark>

43,000

45,670

D

D

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

 \ast 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.