FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	;
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(h)	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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* <u>Cullen Michael M</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  Officer (give title Other (specify					
	(Last) (First) (Middle) C/O HEIDRICK & /STRUGGLES INT'L INC. 233 S. WACKER DRIVE, SUITE 4900				3. Date of Earliest Transaction (Month/Day/Year) 03/08/2019								X Officer (give title Officer Specify below)  Chief Operating Officer					
(Street) CHICAGO	eet) ICAGO IL 60606				4. If Amendment, Date of 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					
		Table	e I - Non-Deriv	ative	Seci	urities	Acc	quired, Di	spos	sed of	f, or Ber	eficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Executio			3. Transactio Code (Inst ) 8)	nsaction Disposed		ties Acquired (A) o d Of (D) (Instr. 3, 4 a		5. Amour Securitie Beneficia Owned F	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code V	An	mount	(A) or (D) Price		Transacti	Reported Transaction(s) (Instr. 3 and 4)						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)			4. 5. Number of E			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title a Amount Securiti Underly Derivati			7. Title and Amount of Securities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is Silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expi Date	iration e	Title	Amount or Number of Shares						
2019 Performance Stock Units	(1)	03/08/2019	03/08/2019	A		9,964		(2)	(	(2)	Common Stock	(3)	(1)	18,174 <sup>0</sup>	(4)	D		
2019 Restricted Stock Units	(1)	03/08/2019	03/08/2019	A		9,964		(5)	(	(5)	Common Stock	(3)	(1)	31,331 <sup>0</sup>	(6)	D		

## **Explanation of Responses:**

- 1. The number of PSUs or RSUs awarded to the Reporting Person was determined by dividing the total dollar value of compensation granted to the Reporting Person by \$40.77 the closing price of HSII common stock on the grant date of March 8, 2019.
- 2. PSUs are target-based equity grants that generally vest three years from the grant date if certain performance goals are achieved.
- 3. Granted under the Company's Global Share Plan. Each PSU or RSU represents a right to receive one share of the Issuer's Common Stock upon vesting.
- 4. Includes 8,210 PSUs granted in 2018.
- 5. RSU's will vest in equal annual installments on the 1st, 2nd and 3rd anniversaries on the date of grant.
- 6. Includes 21,367 RSUs granted in 2017 and 2018.

## Remarks:

/s/ Kamau A. Coar, Attorney-

03/11/2019

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.