FORM 4

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

obligations may continue. See Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

**OMB APPROVAL** 3235-0287 Estimated average burden

0.5

hours per response:

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*  Rajagopalan Krishnan					HI	2. Issuer Name and Ticker or Trading Symbol HEIDRICK & STRUGGLES INTERNATIONAL INC [ HSII ]								ck all applica Director Officer (	tionship of Reporting all applicable) Director Officer (give title		10% Ow Other (s	ner	
(Last) (First) (Middle) 233 S.WACKER DRIVE SUITE 4900					03/	3. Date of Earliest Transaction (Month/Day/Year) 03/09/2016								A below) below) Head of Global Practices					
Street) CHICAGO IL 60606			_   4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	x Applicable Signature (Check Applicable Signature)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person							
(City)	(Sta		Zip)										<u> </u>						
1. Title of Security (Instr. 3) 2. Trans: Date					saction			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) of (D) (Instr. 3, 4)			(A) or	5. Amount of		Form	Direct Ir Indirect B	7. Nature of ndirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock <sup>(1)</sup> 03/09					9/2016 03/09/2016		A		1,145	A	(2)	13,	13,152		D				
Common Stock <sup>(1)</sup> 03/0				9/201	9/2016 03/09/2016		F		416	D \$23.73		12,736			D				
		-									osed of, o onvertibl			Owned		,		•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	rsion Date (Month/Day/Year) Exec if any five (Month/Day/Year)	if any	xecution Date,		4. Transaction Code (Instr. 8)				Exerc ion Da /Day/Y			of s g e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(s)			
2015 Restricted Stock Units	(2)	03/09/2016	03/09/2	016	D	D 1,145		(3)		(3)	Common Stock	(4)	(2)	2,29	2	D			
2016 Restricted Stock Units	(2)	03/09/2016	03/09/2	016	A		27,391		(3)		(3)	Common Stock	(4)	(2)	29,68	33	D		
2016 Performance	(2)	03/09/2016	03/09/2	016	A		27,391		(3)		(3)	Common Stock	(4)	(2)	30,82	28	D		

## **Explanation of Responses:**

- 1. Reflects shares acquired from 2015 RSU vesting reported on Table II.
- 2. The number of RSUs or PSUs 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 grant date in March of the respective year.
- 3. RSUs are service-based and will vest in three equal installments on the first, second and third anniversaries of the date of grant. PSUs are target-based equity grants that generally vest three years from the grant date if certain performance goals are achieved.
- 4. 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.

## Remarks:

Stock Units

/s/ Stephen W. Beard, Attorney-In-Fact

03/11/2016

\*\* 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.