FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|-------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| l | 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 * FAZIO JOHN A | | | | | | 2. Issuer Name and Ticker or Trading Symbol HEIDRICK & STRUGGLES INTERNATIONAL INC [HSII] | | | | | | | | | k all appli Directo | cable) or | ng Per | son(s) to Iss | vner | |
|--|---|--|---|------------------------------|-------|---|-------|-----|---|------------|-----------|-----------------|---------------------------------------|----|---|---|---------------------------------------|--|--|--|
| | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2014 | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | |
| (Street) CHICAGO IL 60606 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | | otivo | the Constitute Associated Disposed of the Dark | | | | | | | | | Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | | Execution Date | | | Code (Instr. 5) | | | | 4 and Securiti Benefic | | ies For ially (D) Following (I) (I | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code V | / Amount | | (A) o (D) | Price | | 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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, Transacti Code (Ins | | | | | 6. Date Exerc Expiration Da (Month/Day/\) | ate | Amount of | | Security | | Price of erivative ecurity 1str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly OF | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | Expiration | on | Title | Amour or Number of Shares | er | | | | | | |
| Restricted Stock Units | (2) | 05/22/2014 | | | A | | 6,058 | | (3) | (3) | | Common Stock | (1) | | (2) | 21,305 | 5 | D | | |

Explanation of Responses:

- 1. Granted under the Company's Global Share Plan. Each Restricted Stock Unit (RSU) represents a right to receive one share of the Issuer's Common Stock upon vesting.
- 2. The number of RSUs awarded to the Reporting Person was determined by dividing the total dollar value of director compensation granted to the Reporting Person by \$18. 57, the closing price of HSII common stock on May 22, 2014.
- 3. The RSUs are fully vested and payable upon the Reporting Person's termination of service to the Company's Board of Directors.

Remarks:

/s/ STEPHEN W. BEARD, Attorney in Fact 05/27/2014

** 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.