FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |

0.5

hours per response:

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* <u>Hallgren Matthew</u> | | | | | HE | 2. Issuer Name and Ticker or Trading Symbol HEIDRICK & STRUGGLES INTERNATIONAL INC. 1 years 1 | | | | | | | | | | | o of Reporting Person(s) to Issuer licable) tor 10% Owner | | | |
|--|--|--|---|----------------|-------------|---|---------|--|------------------------------------|-------|--------------------|-------|------------------------|---|---|---|---|---|---------------------------------------|------------|
| (Last) (First) (Middle) HEIDRICK & STRUGGLES INTERNATIONAL 233 SOUTH WACKER SUITE 4200 | | | | | 1111 | <u>INTERNATIONAL INC</u> [HSII] | | | | | | | | | X | Office belov | er (give title v) | | her (s low) | specify |
| | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/30/2010 | | | | | | | | | | C | hief Accou | inting Off | cer | |
| | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) CHICAG | O IL | 6 | 60606 | | | | | | | | | | | | X | Form | filed by One | e Reporting | Perso | n n |
| | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | rting |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriva | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, or | r Ben | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | ay/Year) Exe | | 2A. Deemed Execution Date, f any Month/Day/Year) | | 3. Transaction Dispose Code (Instr. 8) | | | | | 4 and Sec Bei Ow | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Report Transa (Instr. 3 | ed ction(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 03/30/ | | | | | /2010 | | | | S | | 1,422 | | A | \$28 | 3.9 | 0 | | D | | |
| | 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. Deeme Execution if any (Month/Da | Date, | Code (Insti | | | | 6. Date E Expiratio (Month/D | n Dat | e Amount of | | str. 3 | 8. Price Derivat Securit (Instr. 5 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | hip () ect | Beneficial Ownership (Instr. 4) | |
| | | | | , | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nur of | ount nber ires | | | | | | |

Explanation of Responses:

<u>Stephen W. Beard, Attorney-in-Fact</u>

04/01/2010

** 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.