FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasiiiigtoii,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
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* Greene Richard W. (Last) (First) (Middle) 233 S. WACKER DRIVE					HE IN 3. D	2. Issuer Name and Ticker of Trading Symbol HEIDRICK & STRUGGLES INTERNATIONAL INC [HSII] 3. Date of Earliest Transaction (Month/Day/Year) 03/09/2017								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below) below) Exec. VP & CHRO					
(Street) CHICAGO		ute) (2	2ip)	- Davis		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
1. Title of Security (Instr. 3) 2. Trans Date			saction			ned n Date,	3. Transaction Code (Instr. 8) 3. 4. Securities Acqui Disposed Of (D) (In		es Acquired	(A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			Instr. 4)	
Common S	ommon Stock ⁽¹⁾ 03/0			9/201	0/2017 03/09/2017		A		2,414 A		(2)	2,415			D				
Common S	tock ⁽¹⁾			03/0	9/201	7	03/09/	/2017	F		996	D	\$24.3	\$24.3 1,419 D		D			
		7	able II - I								sed of, o			Owned					
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date (Month/Day/Year) Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year		4. Transaction Code (Instr 8)		n Derivative		6. Date Exercis Expiration Date (Month/Day/Ye		te Amount of		f Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	e V (A)		(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)	JII(S)			
2016 Restricted Stock Units	(2)	03/09/2017	03/09/20	017	M			2,414	(3)		(3)	Common Stock	(4)	(2)	4,829		D		
2017 Restricted Stock Units	(2)	03/09/2017	03/09/20	017	A		6,173		(3)		(3)	Common Stock	(4)	(2)	11,002	2	D		
2017 Performance Stock Units	(2)	03/09/2017	03/09/20	017	A		6,173		(3)		(3)	Common Stock	(4)	(2)	13,416	6	D		

Explanation of Responses:

- 1. Reflects shares acquired from the 2016 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 of March 9, 2017.
- 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:

/s/ Stephen W. Beard, Attorney-

<u>03/13/2017</u>

<u>In-Fact</u>

** 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.