## Edgar Filing: ON ASSIGNMENT INC - Form 4

ON ASSIGN	IMENT INC										
Form 4											
August 23, 2	2007										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287		
Check this box						Expires:	January 31,				
subject to	subject to STATEMENT OF CHANGES IN BENEFIC					FICL	AL OW	NERSHIP OF	Estimated average		
Section 1		SECURITIES							burden hours per		
Form 4 o								response	. 0.5		
Form 5 obligation	<b>n</b> .c	<b>^</b>					•	e Act of 1934,			
may cont				•	•	-	•	f 1935 or Section	n		
See Instru 1(b).	uction	30(h)	of the In	vestmer	it Comp	any A	ct of 194	40			
(Print or Type I	Responses)										
MOHR SHAWN Symbol				r Name <b>aı</b>	nd Ticker	or Trad	ing	5. Relationship of Reporting Person(s) to Issuer			
				SIGNM	ENT IN	C [AS	GN]		1 11 12 1.1	`	
(Last) (First) (Middle) 3. Date of				of Earliest Transaction				(Check all applicable)			
(Month/				Day/Year)				Director 10% Owner			
	NMENT, INC		08/22/2	007				X Officer (give below)	title Othe below)	er (specify	
WEST AGO	OURA ROAD							· · · · · · · · · · · · · · · · · · ·	Healthcare &	CSO	
	(Street)		4. If Ame	ndment, I	Date Orig	nal		6. Individual or Jo	int/Group Filir	g(Check	
				nth/Day/Ye	ar)			Applicable Line)			
								_X_ Form filed by C Form filed by M			
CALABAS	AS, CA 91302	2						Person		porting	
(City)	(State)	(Zip)	Tabl	e I - Non	Derivati	ve Secu	rities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction		3. 4. Securities Acquired				5. Amount of Securities	6. Ownership 7. Natur			
Security (Instr. 3)	(Month/Day/Year) Execution								Form: Direct	Indirect Beneficial	
(IIIsu. <i>3)</i>		any (Month/	Code (Instr. 3, 4 and 5) (Instr. 8)				Beneficially Owned		Ownership		
		`						Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
C				Code				(mour o und I)			
Common Stock	08/22/2007			D	1,054 (1)	D	\$ 11.18	67,001	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

*	If the form is filed by more than one reporting person, <i>see</i> 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).
(1)	Executive officer elected to satisfy tax withholding obligations upon vesting by having On Assignment, Inc. withhold a number of vestor shares equal to that of the employee's tax liability.
Pote	e: File three copies of this Form, one of which must be manually signed. If space is insufficient, <i>see</i> Instruction 6 for procedure. ential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displarently valid OMB number.

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Date

2

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships								
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other					
MOHR SHAWN ON ASSIGNMENT, INC. 26651 WEST AGOURA ROAD CALABASAS, CA 91302			President, Healthcare & C	SO					
Signatures									
By: Power of Attorney, James Bri Mohr	11, CFO F	For: Shawn N	4ichael 08/23/20	007					

\*\*Signature of Reporting Person