Edgar Filing: ROSEN ELAINE - Form 4

ROSEN ELAIN	E										
Form 4											
February 16, 20											
FORM 4	1 UNITED S	STATES	SECUR	ITIES A	ND EX	CHA	NGE C	OMMISSION	OMB AF	PROVAL	
Charle this ha	NV.		Was	hington,	D.C. 20	549			Number:	3235-0287	
Check this box if no longer STATEMENT OF			CHAN	CHANGES IN BENEFICIAL OWNE					Expires:	January 31, 2005	
Subject to Strate view of Charts				SECURITIES					Estimated average burden hours per		
Form 4 or	Form 4 or									0.5	
Form 5 obligations	-			. ,			U	e Act of 1934,			
may continue	•			vestment	•	· ·		1935 or Sectior	1		
See Instructio 1(b).	n	50(11) (f the m	vestment	compun	<i>y</i> 110		0			
(Print or Type Resp	onses)										
ROSEN ELAINE Symbo			Symbol					5. Relationship of Reporting Person(s) to Issuer			
			KFORC	E INC [K	KFRC]			(Check all applicable)			
(Last)	(First) (M			Earliest Transaction				V Director	100	Owner	
			02/14/20	h/Day/Year) /2018				X_ Director 10% Owner Officer (give title Other (specify below) below)			
			ndment, Date Original hth/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 Person				
(City)	(State) ((Zip)	Table	e I - Non-D	erivative	Secur	ities Aca	uired, Disposed of	or Beneficial	lv Owned	
	2. Transaction Date 2A. Deemed Month/Day/Year) Execution Date, if any (Month/Day/Year)			3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)				5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial	
	(Month)D		bay/Year) (Instr. 8) (A) or				Owned Following Reported Transaction(s) (Instr. 3 and 4)	Indirect (I) (Instr. 4)	Ownership (Instr. 4)		
				Code V	Amount	(D)	Price ¢	(mou. 5 and +)			
Common 02 Stock 02	2/14/2018			S	5,000	D	\$ 27.18 (1)	18,886	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)

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
ROSEN ELAINE 1001 EAST PALM AVENUE TAMPA, FL 33605	X							
Signatures								
Susan A. Gager, Attorney-in-Fa Rosen	02/1	02/16/2018						

**Signature of Reporting Person

Date

Explanation of Responses:

* 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).

This transaction was executed in multiple trades at prices ranging from \$26.90 to \$27.40. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the Securities and Exchange Commission staff, the

 average sale price. The reporting person hereby undertakes to provide upon request to the securities and Exchange commission start, the Issuer or a security holder of the Issuer, full information regarding the number of shares sold at each separate price for all transactions reported on this Form 4.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.