Edgar Filing: Gibson Christina - Form 4/A

Gibson Chris	tina											
Form 4/A	0011											
February 09,	_											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									r	OMB APPROVAL		
	Was						NGE (OMB Number:	3235-0287		
Check this box if no longer subject to STATEMENT OF CHAN				IGES IN BENEFICIAL OWNERS					Expires:	January 31, 2005		
								NERSHIP OF	Estimated a			
Section 16.				SECURITIES					burden hours pe			
Form 4 or Form 5		nurquent to	Section 1	6(a) of the	Soouriti		rohono	ha A at of 1024	response	0.5		
obligation	¹⁸ Section	-					-	e Act of 1934, f 1935 or Sectio	'n			
may conti	nue.) of the In	•	•	- ·			11			
See Instru 1(b).	ction	20(1	i) of the fil	(estiment	compun	, 1100	. 01 17					
(Print or Type R	lesponses)											
	11 45	*								<i>(</i>)		
Gibson Chris	ddress of Repor	ting Person _		r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
Closofi China	stilla		Symbol	COLONIMENT INC. LA CONT								
				SSIGNMENT INC [ASGN]				(Check all applicable)				
(Last)	(First)	(Middle)		Earliest Tr	ansaction			D. (100			
(Month/D ON ASSIGNMENT, INC., 26651 01/22/20				-				Director 10% Owner X Officer (give title Other (specify				
WEST AGOURA ROAD				011				below) below) V P. Finance and Controller				
								V.P., Finance and Controller				
	(Street)			mendment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mor 01/24/20				Ionth/Day/Year) /2011				Applicable Line) _X_ Form filed by One Reporting Person				
CALABASAS, CA 91302				Form filed by N					More than One Reporting			
								Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acc	uired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction			3.				5. Amount of	6. Ownership			
Security	(Month/Day/Y		ion Date, if		on(A) or Di	spose	d of	Securities Beneficially	Form: Direct (D) or	Indirect Beneficial		
(Instr. 3)		any (Month	n/Day/Year)	Code(D)Day/Year)(Instr. 8)(Instr. 3, 4 and 5)			5)	Owned		Ownership		
(· · · · · · · · · · · · · · · · · · ·								Following		(Instr. 4)		
						(A)		Reported Transaction(s)				
						or	р.	(Instr. 3 and 4)				
				Code V	Amount	(D)	Price \$					
Common	01/22/2011			D	1,415	D	, 7.29	7,035	D			
Stock					(1)	1)	1/9					

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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Ad	dress	Relationships							
L O	Director	10% Owner	Officer	Other					
Gibson Christina ON ASSIGNMENT, INC. 26651 WEST AGOURA R CALABASAS, CA 91302	OAD		V.P., Finance and Controller						
Signatures									
Christina Gibson	02/09/2011								
<u>**</u> Signature of	Date								

**Signature of Reporting Person

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).
- Executive officer elected to satisfy tax withholding obligations upon vesting by having On Assignment, Inc. withhold a number of vested (1) shares equal to that of the employee's tax liability.
- (2) The purpose of this amendment is to correct the cost basis; Originally reported as \$7.29. The correct cost basis is \$7.92.

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.