## Edgar Filing: TrueBlue, Inc. - Form 4

TrueBlue Inc

| Form 4<br>May 19, 201  |   |                   |  |  |   |                 |                     |  |  |              |  |
|--|---|-------------------|--|--|---|-----------------|---------------------|--|--|--------------|--|
| · · · · · · · · · · · · · · · · · · ·                                    | FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION |                   |  |  |   |                 |                     | OMB APPROVAL   |  |              |  |
| Washington, D.C. 20549   |   |                   |  |  |   |                 | OMB<br>Number:      | 3235-0287  |  |              |  |
| Check this box<br>if no longer<br>subject to<br>Section 16.<br>Form 4 or |   |                   | F CHAN   | GES IN I<br>SECUR                                | Expires:January 31,<br>2005Estimated average<br>burden hours per<br>response0.5 |                 |                     |  |  |              |  |
| Form 5<br>obligation<br>may cont<br><i>See</i> Instru<br>1(b).           | ns<br>inue. Section 17                                  | (a) of the        | Public U   |  | ling Con  | ipany           | Act of              | e Act of 1934,<br>E 1935 or Section<br>40  | ·  |              |  |
| (Print or Type F   | Responses)  |                   |  |  |   |                 |                     |  |  |              |  |
| 1. Name and Address of Reporting Person <u>*</u><br>COOPER STEVEN C      |   |                   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br><b>TrueBlue, Inc. [TBI]</b> |  |   |                 | ıg                  | 5. Relationship of Reporting Person(s) to Issuer   |  |              |  |
|  |   |                   |  |  |   |                 |                     | (Check all applicable)   |  |              |  |
| ()   |   |                   | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>05/17/2010                    |  |   |                 |                     | X Director<br>X Officer (give<br>below)  | Officer (give title Other (specify                                   |              |  |
| (Street) 4. I  |   |                   | 4. If Ame  | . If Amendment, Date Original                    |   |                 |                     | 6. Individual or Joint/Group Filing(Check  |  |              |  |
| Filed(Mon<br>TACOMA, WA 98402  |   |                   |  | Ionth/Day/Year)                                  |   |                 |                     | Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person      |  |              |  |
| (City)   | (State)   | (Zip)             | Tabl   | e I - Non-D                                      | erivative   | Secur           | ities Aca           | uired, Disposed of   | . or Beneficial  | lv Owned     |  |
| 1.Title of<br>Security<br>(Instr. 3)                                     | 2. Transaction Dat<br>(Month/Day/Year)                  | ) Executio<br>any |  | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V | 4. Securit<br>n(A) or Di<br>(Instr. 3,  | ties A<br>spose | cquired<br>d of (D) | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4) | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of |  |
| Common<br>Stock  | 05/17/2010  |                   |  | F  | 662   | D               | \$<br>16.14         | 135,154 <u>(1)</u>   | 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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactio<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Secur | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|--|---|---------------------|--------------------|-------|--|---|--|
|   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title | Amount<br>or<br>Number<br>of<br>Shares |   |  |

## **Reporting Owners**

| Reporting Owner Name / Address  | Relationships |           |                   |       |  |  |  |  |
|---|---------------|-----------|-------------------|-------|--|--|--|--|
|   | Director      | 10% Owner | Officer           | Other |  |  |  |  |
| COOPER STEVEN C<br>1015 A STREET<br>P.O. BOX 2910<br>TACOMA, WA 98402 | Х             |           | President and CEO |       |  |  |  |  |
| Signatures  |               |           |                   |       |  |  |  |  |
| Todd N. Gilman,<br>Attorney-in-fact                                   | 05            | /19/2010  |                   |       |  |  |  |  |
| **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).
- (1) As of April 30, 2010, Mr. Cooper also indirectly owned approximately 6,248 shares in the TrueBlue 401(k) Plan. These shares are not included in the 135,154 shares shown as owned directly in Table 1.

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.