## Edgar Filing: Boswell Gina - Form 4

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Boswell Gin	a									
Form 4										
October 25,	2017									
OMB APPF										
	• • UNITED	STATES S				NGE C	OMMISSION	OMB	3235-0287	
Check th	Check this box				)549			Number:		
if no long							Expires:	January 31, 2005		
subject to		AENT OF C	F CHANGES IN BENEFICIAL OWN SECURITIES				NERSHIP OF	Estimated average burden hours per		
	Section 16.									
Form 4 o Form 5			1 ( ( ) - <b>f</b> (		с т	71	A . 4 . 6 1024	response	0.5	
obligatio	<b>n</b> o <b>*</b>					•	e Act of 1934,			
may cont	linue.		the Investmen	•	-	•	1935 or Section	1		
See Instruction	uction	50(11) 01		it Compa	ily At	.1 01 194	0			
1(b).										
(Print or Type I	Responses)									
	•									
1. Name and Address of Reporting Person <sup>*</sup> 2. Issue				d Ticker of	r Tradi	ing	5. Relationship of Reporting Person(s) to			
Boswell Gina Syml			mbol	-				Issuer		
ManpowerGroup Inc. [MAN]						all applicable)				
(Last)	(First) (	Middle) 3.	3. Date of Earliest Transaction				(Check all applicable)			
		(N	onth/Day/Year)				X Director	10%	Owner	
MANPOWERGROUP INC., 100 10,			0/24/2017				Officer (give title Other (specify below) below)			
MANPOWI	ER PLACE						below)	Delow)		
(Street) 4. If Ame			If Amendment, D	endment, Date Original			6. Individual or Joint/Group Filing(Check			
Filed(Mo			ed(Month/Day/Yea	ar)			Applicable Line)			
							_X_Form filed by One Reporting Person Form filed by More than One Reporting			
MILWAUK	EE, WI 53212						Person		porting	
(City)	(State)	(Zip)	Tabla I Non	Dorivotivo	Soom	ritios A car	uired, Disposed of	or Bonoficial	v Owned	
						-			-	
1.Title of Security	2. Transaction Date (Month/Day/Year)	Execution D	· · · · · · · · · · · · · · · · · · ·				5. Amount of Securities	6. Ownership	7. Nature of Indirect	
(Instr. 3)	(Wohan Day Tear)	any	Code	(Instr. 3,			Beneficially	Form: Direct B		
		Year) (Instr. 8)				Owned	(D) or	Ownership		
							Following	Indirect (I)	(Instr. 4)	
					(A)		Reported Transaction(s)	(Instr. 4)		
			C-1- V	A	or	D	(Instr. 3 and 4)			
			Coue v	Amount	(D)	Price \$				
Common	10/24/2017		S	7,725	D	φ 123.96	6,601	D		
Stock	10/2 //2017		5	,,,25	D	(1) (1)	0,001	2		
						_				

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

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh				
	Director	10% Owner	Officer	Other		
Boswell Gina MANPOWERGROUP INC. 100 MANPOWER PLACE MILWAUKEE, WI 53212	Х					
Signatures						
/s/ Richard Buchband (pursuant to Power of Attorney previously filed)						10/25/2017

\*\*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 price is the weighted average price. The prices received actually ranged from \$123.84 to \$124.27. Upon request, the reporting person
   (1) will provide to the SEC staff, the issuer, or any security holder of the issuer, full information regarding the number of shares sold at each separate price within this range.

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.