#### KFORCE INC Form 3 July 30, 2014 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Ad Person <u>*</u> SIMMON		U	2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol KFORCE INC [kfrc]					
(Last)	(First)	(Middle)	07/25/2014	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
1001 EAST F TAMPA, F	(Street)			(Check X_ Director Officer (give title below	Other	Owner	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 I - N	Non-Derivati	ive Securiti	es Be	neficially Owned		
1.Title of Securi (Instr. 4)	ity		2. Amount o Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	*		
Common Sto	ck		0		D	Â			
Reminder: Repo owned directly o		ate line for ea	ch class of securities benefic	ially SI	EC 1473 (7-02	)			
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.									
Ta	able II - Der	ivative Secu	rities Beneficially Owned (e	.g., puts, calls,	warrants, opt	ions, c	onvertible securities)		

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Addres	S	Relationships					
		10% Owner	Officer	Other			
SIMMONS N JOHN 1001 EAST PALM AVENUI TAMPA, FL 33605	ΕÂΧ	Â	Â	Â			
Signatures							
N. John Simmns 07	//29/2014						
**Signature of	Date						

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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).

### Â **Remarks:**

Reporting Person

### Exhibit List Exhibit 24 - Power of Attorney

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.