## Edgar Filing: ON ASSIGNMENT INC - Form 4

ON ASSIGN	MENT INC										
Form 4											
August 24, 24	006										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION						OMB A	PPROVAL				
FUNI	UNITI	ED STATES		AITIES A shington,			NGE (	COMMISSION	OMB Number:	3235-0287	
Check thi				0 /					Expires:	January 31,	
if no long		<b>EMENT O</b>	F CHAN	GES IN I	BENEFI	CIA	LOW	NERSHIP OF	•	2005	
subject to Section 1				SECUR	ITIES				Estimated average burden hours per		
Form 4 or									response	•	
Form 5	Filed	pursuant to	Section 1	6(a) of the	e Securiti	ies E	xchang	ge Act of 1934,			
obligation		17(a) of the	Public Ut	ility Hold	ling Com	ipany	Act o	f 1935 or Sectio	n		
may conti <i>See</i> Instru		30(h)	of the In	vestment	Compan	y Act	t of 194	40			
1(b).					_						
(Print or Type R	Responses)										
1 37 1 4	11 (D	· • *						5 D L (* 1* 1			
MOHR SHAWN Symbol				uer Name and Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer				
				ymbol N ASSIGNMENT INC [ASGN]							
			ON ASS	SIGNME	NTINC	ASC	ĵΝ]	(Chec	ck all applicable	e)	
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction						
				Month/Day/Year)			Director		o Owner		
	MENT, INC		08/22/2	006				X Officer (give below)	below)	er (specify	
WEST AGC	URA ROAD							President	, Healthcare &	CSO	
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Jo	oint/Group Filin	1g(Check	
			Filed(Mor	th/Day/Year	)			Applicable Line)			
								_X_Form filed by			
CALABASA	AS, CA 9130	2						Person	More than One Re	eporung	
(City)	(State)	(Zip)	Tahl	o I - Non-D	orivativa (	Socuri	ities Acc	quired, Disposed o	f or Bonoficial	ly Owned	
1	от <i>(</i> ;							• • •		•	
1.Title of Security	2. Transaction (Month/Day/Y		on Date, if	3. Transactio	4. Securi on(A) or Di			5. Amount of Securities	6. Ownership Form: Direct		
(Instr. 3)	(Woldin Day)	any	on Date, n	Code	(D)	spose	u oi	Beneficially	(D) or	Beneficial	
· · ·		•	Day/Year) (Instr. 8) (Instr. 3, 4 and 5)			Owned Indirect (I)	Ownership				
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or		(Instr. 3 and 4)			
Comment				Code V	Amount	(D)	Price	(			
Common	08/22/2006			F	1,054	D	\$	102,969	D		
Stock							9.25				

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)

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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
Repo	rting O	wners		Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Deletionshin

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 <b>P</b>	 • • • • •	

<b>Reporting Owner Name / Address</b>	Kelationships						
	Director	10% Owner	Officer	Other			
MOHR SHAWN ON ASSIGNMENT, INC. 26651 WEST AGOURA ROAD CALABASAS, CA 91302			President, Healthcare &	z CSO			
Signatures							
By: Power of Attorney, Michael Mohr	08/24/2006						
<u>**</u> Signature o	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).

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.