

TRUEBLUE, INC. Reported by OTTO BILLIE RIGGS

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 06/03/05 for the Period Ending 06/02/05

Address 1015 A STREET

TACOMA, WA 98402

Telephone 253-383-9101

CIK 0000768899

Symbol TBI

SIC Code 7363 - Help Supply Services

Industry Business Services

Sector Services

Fiscal Year 12/31



LABOR READY INC

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 6/3/2005 For Period Ending 6/2/2005

Address 1015 A STREET

TACOMA, Washington 98402

Telephone 253-383-9101 CIK 0000768899

Industry Business Services

Sector Services Fiscal Year 12/31



[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN 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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Otto Billie Rig	ggs					BOR R						RV	V]				100/ 0	
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)										Director 10% Owner X Officer (give title below) Other (specify below)			
1015 A STREET, P.O. BOX 2910								6/2	2/2	2005	5			Vice Pres	ident			
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)										6. Individual or Joint/Group Filing (Check Applicable Line)			
TACOMA, WA 98402 (City) (State) (Zip)															_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Table	I - Non-	Deri	vati	ve Secu	rities	s Ac	qu	iired	, Disp	pos	sed of, o	r Beneficiall	-	•	<u> </u>	
1.Title of Security (Instr. 3)					ans.	Date, if	Code	3. Trans. Code (Instr. 8)		4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5			of (D) Fol (In	Following Reported Transaction(s) Ownership of Indir (Instr. 3 and 4) Ownership benefic		Beneficial Ownership		
						any	Co	de	V A	Amour	(A) or nt (D)	I	Price			(I) (Instr. 4)	(IIISII. 4)	
Common stock				6/2/2	/2005		N	1		2500	A	\$3	3.938	7	7260		D	
Common stock				6/2/2	2/2005		s	3		2500 D \$20		0.896	4760 (1)		D			
Tab	le II - De	rivative	Securiti	ies Bo	enef	ficially (Own	ed (e.g	g. , p	uts, c	al	ls, warr	ants, options	, convert	ible secur	ities)	
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	1	Deemed	Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A Disposed of Instr. 3, 4 a	A) or f (D)				ate				8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported	Direct (D) or Indirect (I) (Instr.	Beneficial
				Code	V	V (A) Date Exerci				Expiration Date		Title	Amount or Number of Shares		Transaction (s) (Instr. 4)	(+)		
Options (Right to buy)	\$3.938	6/2/2005		М		2500		10/24	4/20 (2)	001 10	0/24/20	05	Common stock	2500	\$3.938	0	D	

Explanation of Responses:

- (1) As of April 30, 2005, Ms. Otto also indirectly owned 1,345.7 Labor Ready Stock Units (Labor Ready 401(k) Plan). Each Unit consists of Labor Ready common stock and a cash component.
- (2) Options subject to this grant vest over a 4-year period in equal annual installments.

Reporting Owners

Treporting o where									
Paperting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Otto Billie Riggs									
1015 A STREET			 Vice President						
P.O. BOX 2910			Vice i resident						
TACOMA, WA 98402									

Signatures
Matthew S.
Topham, Attorneyin-fact

6/3/2005

Date

^{**} Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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. 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.

End of Filing



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