

TRUEBLUE, INC. Reported by MCKIBBIN GATES

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/28/12 for the Period Ending 03/26/12

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





[] 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

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. Iss | uer Nam | e and Ti | cke | r or Tr | ading S | I | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|---------|-------------------|-------------------------------|--|--------------------|---|---------------|------------------|---|--|--|--|--|--|
| MCKIBBIN G | ATES | | | True | eBlue, 1 | Inc. [T | BI |] | | | | | | | |
| (Last) (First) (Middle) | | | | 3. Da | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | X _ Director10% OwnerOfficer (give title below)Other (specify below) | | | |
| 1015 A STREET, P.O. BOX 2910 | | | | | 3/26/2012 | | | | | | | ve title belov | w) | Other (spec | ily below) |
| (Street) | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| TACOMA, WA | A 98402 | | | | | | | | | | X Form filed l | by One Repo | orting Person | | |
| (City) (State) (Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | |
| | | Tal | ole I - No | n-Derivat | tive Secu | rities A | cqu | ired, I | Dispose | ed of, | or Beneficially Ow | ned | | | |
| 1.Title of Security (Instr. 3) | | | 2. Trans. Date | 2A. Deemed Execution Date, if | 3. Trans Code (Instr. 8 | (A) or Disposed of | | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | Ownership of Indire Form: Benefic | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | any | Code | v | Amoun | (A) or (D) | Price | | | | or Indirect (I) (Instr. 4) | (Instr. 4) |
| Common Stock | | | | 3/26/2012 | | S | | 1000 | D | 18.00 | 178 | 81 | | D | |
| | Table II - | Derivat | ive Secur | ities Ben | eficially | Owned (| (e.g | z., put | s, calls | , war | rants, options, conv | vertible s | ecurities) | | |
| 1. Title of Derivate Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Deemed | | e Derivative Secur | | 6. Date Exercisable and Expiration Date | | | Secu Deri | itle and Amount of urities Underlying vative Security r. 3 and 4) | (Instr. 5) S | of derivative Securities Beneficially Owned Following | Ownership Form of Derivative y Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code V | (A) | (D) | Date Exe | e rcisable | Expiration Date | Title | Amount or Number of Shares | | Reported Transaction (s) (Instr. 4) | (I) (Instr. 4) | |

Explanation of Responses:

Reporting Owners

| Paparting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| MCKIBBIN GATES 1015 A STREET P.O. BOX 2910 TACOMA, WA 98402 | X | | | | | | | |

Signatures

Todd N. Gilman, Attorney-in-fact

** Signature of Reporting Person

3/28/2012

Date

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.