

TRUEBLUE, INC. Reported by OTTO BILLIE RIGGS

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 03/06/14 for the Period Ending 03/05/14

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

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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 or Section 30(h) 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 Ri	ggs			7	Γru	eBlue,	Inc.	[]	Γ ΒΙ]									
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)							D/YYY	(1)	Director 10% Owner				
													below)					
1015 A STREET, P.O. BOX 2910														EVP, CIO				
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)									6. Individual or Joint/Group Filing (Check Applicable Line)				
TACOMA, W	/A 9840	2																
(City) (State) (Zip)														_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	ole I - Non	-Deri	vativ	ve Secur	ities A	cc	quired	, Dis	pose	ed of,	, or Benefic	ially Own	ed			
1				2. Tra Date		Execution	3. Trans. Code (Instr. 8)		4. Securities A (A) or Dispos (Instr. 3, 4 and		sed of (D) Follow			nount of Securities Beneficially Owned wing Reported Transaction(s) . 3 and 4)			Ownership Form:	7. Nature of Indirect Beneficial Ownership
						Date, if any	Code	v	Amoun	(A) or t (D)	Pri	ice				or Ind	or Indirect (I (I) (Instr.	
Common Stock 3/5				3/5/2	2014		S		4161	D	\$28.7	7 (1)		35142				
Common Stock														1144		I		TrueBlue, Inc. 401 (k) Plan
Tab	ole II - De	rivati	ive Securi	ties B	enef	icially C)wned	((<i>e.g.</i> , p	uts,	calls	s, wa	rrants, opti	ons, conve	rtible sec	curities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise Date	Deemed Execution Date, if any	Trans. Code Instr. 8)	Deri Secu Acqu Disp	umber of vative urities uired (A) or oosed of (D)	and Ex	6. Date Exercisable and Expiration Date			7. Title and Amou Securities Underly Derivative Security (Instr. 3 and 4)		Underlying Security 1 4)	Derivative Security (Instr. 5)	ve of derivativ Securitie	Owner Form of Securi Direct or Indi (I) (In:	of tive y: (D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V	(A)) (D)	Date Exerci	Date Exercisable		ration	Title	Amou Share	unt or Number o	t or Number of (s) (Instr				

Explanation of Responses:

(1) This transaction was executed in multiple trades at prices ranging from \$28.75 to \$28.80. The price reported above reflects the weighted average sales price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer the detailed information regarding the number of shares sold at each separate price.

Reporting Owners

Paparting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Otto Billie Riggs								
1015 A STREET			EVP, CIO					
P.O. BOX 2910			EVI, CIO					
TACOMA, WA 98402								

Signatures

Todd N. Gilman, Attorney-in-fact

3/6/2014

^{**} 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.