FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL			
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INITIAL STATEMENT OF 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

Holmas Dynam		Sta	Date of Event Retement (Month/l	_'	3. Issuer Name and Ticker or Trading Symbol TrueBlue, Inc. [TBI]				
(Last) 1015 A STREE (Street) TACOMA (City)	(First) T WA (State)	(Middle) 98402 (Zip)	03/13/2020		4. Relationship of Reporting Person(s (Check all applicable) Director Officer (give title below) Interim President- Per	10% Owner Other (speci below)	fy (Mc	onth/Day/Year) ndividual or Joint/ blicable Line) X Form filed by	te of Original Filed Group Filing (Check y One Reporting Person y More than One Reporting
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				eneficially Owned (Instr. 4)	3. Ownership Form: Direct Indirect (I) (In	(D) or 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock				7,486	D	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable : Expiration Date (Month/Day/Year)			ate	Derivative Security (Instr. 4) Conver		Conversion or Exercise	(D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

Ex. 24 - Power of Attorney is attached to this filing.

/s/ Todd N. Gilman, Attorney-in-

fact

** Signature of Reporting Person Date

05/22/2020

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

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 Number.

 $^{^{\}star}$ 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).

POWER OF ATTORNEY

- <u>Designation of Attorneys-in-Fact</u>. The undersigned, hereby designates each of Todd N.
 Gilman, Jim Darnton, and Camilla Brocker, individuals with full power of substitution, as my attorney-infact to act for me and in my name, place and stead, and on my behalf in connection with the matters set forth in Item 2 below.
- Powers of Attorney-in-Fact. Each attorney-in-fact, as fiduciary, shall have the authority
 to sign all such U.S. Securities and Exchange Commission ("SEC") reports, forms and other filings,
 specifically including but not limited to Forms 3, 4, 5 and 144, as such attorney-in-fact deems necessary
 or desirable in connection with the satisfaction of my reporting obligations under the rules and regulations
 of the SEC.
 - Effectiveness. This Power of Attorney shall become effective upon execution.
- Duration. This Power of Attorney shall remain in effect until revoked by me and shall not be affected by disability of the principal.
- Revocation. This Power of Attorney may be revoked in writing at any time by my giving
 written notice to the attorney-in-fact. If this Power of Attorney has been recorded, the written notice of
 revocation shall also be recorded.

Date: May 20 , 2020.

Bym B. Ithn Byron B. Holmes

STATE OF Howild

COUNTY OF Glishand)

SIGNED OR ATTESTED before me on May

, 2020, by Byron B. Holmes.

Signature of Notary Public

John Satherfield

Typed name of Notary Public

Notary Public State of Florida
JOHN C SATTERFIELD
My Commission GG 989260
Expires 03/21/2024

Residing at: KNUW A 33578

. ,

Signature of Witness

Zack Abeli- Brun

D- Low to Signature of Witness

Dennis Lowe