FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  COOPER STEVEN C					2. Issuer Name <b>and</b> Ticker or Trading Symbol  TrueBlue, Inc. [ TBI ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last)	(First)	(Mi	ddle)			3. Date of Earliest Transaction (Month/Day/Year) 08/01/2022								$\begin{array}{ c c c } \hline & x \\ x \end{array}$	Officer (give title below)			Other (specify below)	
1015 A STREE	ĒΤ												CEO and President						
(Street) TACOMA	WA	98	402		4. If A	Ameno	dment, Da	ate of Or	iginal File	ed (Mo	onth/Day/Ye	ear)		6. Indiv		d by One F	Reporti	• • • • • • • • • • • • • • • • • • • •	,
(City)	(State)	(Zi <sub>l</sub>	o)																
		Та	ble I - Noı	n-Der	ivativ	e Se	curitie	s Acq	uired, l	Disp	osed of,	or B	Benefic	ially Ov	/ned				
Date				nsaction h/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		Execution Date, if any				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
						Code	v			(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 08/0				01/202	2		A 171,995 <sup>(1)</sup> A		\$0	307,281			D						
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Title of Conversion or Exercise Price of Derivative Security  2. Conversion of Exercise (Month/Day/Year) if any (Month/Day/Year)			ate,	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		te	7. Title and Amo Securities Unde Derivative Secu (Instr. 3 and 4)		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	5(5)		

## Explanation of Responses:

1. Represents a grant of restricted stock units that will be settled for shares of Common Stock on a one-for-one basis in the future. Subject to his continued employment with the Company, these restricted stock units will cliff vest on the earlier of (i) the third anniversary date of the grant, or (ii) the appointment of a new, Board approved CEO, if Mr. Cooper provides the Board with at least 120 calendar days' advanced written notice of his intent to terminate employment and/or retire; however, if the appointment of a new, board approved CEO occurs before the first anniversary of the date of grant, only one-third of the restricted stock units will be forfeited.

## Remarks:

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

fact

\*\* Signature of Reporting Person

08/03/2022 Date

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

- $^{\star}$  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 Number.