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 and Ticker or Trading Symbol LABOR READY INC [ LRW ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) 1015 A STRI	(First	) (	(Middle)					st Transac	ıy/Year)	X	Officer (g below)	ive title Other		Other (s						
P.O. BOX 2910						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) TACOMA	•														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State	e) (.	Zip)																	
		T	able I - No	n-Deriv	vative	e S	ecuri	ties Ac	quired,	Dis	posed of	f, or	Benefi	cially Ow	/ned					
, (,				2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			Beneficial Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Transactio				(Instr. 4)	
Common stoc	k			06/01	1/2005			M		30,00	30,000		\$3.938	76,185			D			
Common stock 0					/2005	5			S		30,00	30,000		\$20.5579	46,185(1)			D		
Common stock 06					/2005	5			M		20,000		A	\$3.25	66,185		D			
Common stock 06/0					1/2005				S		20,00	0	D	\$20.5554	46,185(1)		D			
Common stock 06/02					2/2005				M 5		50,000 A		A	\$3.25	96,185		D			
Common stock 06/02					2/2005				S		50,000 D		\$20.8877	46,185(1)		D				
			Table II -								sed of, o				ed					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye.	Cod	nnsaction de (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration (Month/Da	n Date	Sec ar) Deri		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	de V	<b>,</b>	(A)	(A) (D) Exercisable Expiration Date Expiration Date Title Of Shares		(Instr. 4)	ion(s)									
Options (Right to buy)	\$3.938	06/02/2005		N	M			30,000	10/24/200	1 <sup>(2)</sup>	10/24/2005		ommon stock	30,000	\$3.938	0		D		
Options (Right to buy)	\$3.25	06/01/2005		N	M			20,000	01/09/200	2 <sup>(2)</sup>	01/09/2006	1/09/2006 Commo stock		20,000	\$3.25 55,00		00 D			
Options (Right	\$3.25	06/02/2005		N	M			50,000	01/09/200	2(2)	01/09/2006		ommon	50,000	\$3.25	5,000	0	D		

## Explanation of Responses:

- 1. As of April 30, 2005, Mr. Cooper also indirectly owned 7,186.9 Labor Ready Stock Fund Units (Labor Ready 401(k) Plan.) Each Unit consists of Labor Ready common stock and a cash component.
- 2. Twenty-five percent of the options subject to this grant vested on the first anniversary of the grant, with the remaining seventy-five percent vesting over a 3-year period.

Matthew S. Topham, Attorney-infact 06/03/2005

\*\* Signature of Reporting Person 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 Number.