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

Name and Address of Reporting Person*  Ebner Sean A.		2. Date of Event Requiring Statement (Month/Day/Year) 06/13/2017  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)				ionship of Reporting Person(s all applicable) Director Officer (give title below) EVP; President - Peo	10% Owner Other (speci below)	(Mc	onth/Day/Year) Individual or Joint/ Dicable 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											
·· ····· ·· · · · · · · · · · · · · ·					t of Securities Ily Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiration			Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Derivative Security (Instr. 4)		4. Conversion or Exercise	rcise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	ı Title		Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

## Remarks:

As of June 13, 2017, Mr. Ebner held zero TrueBlue, Inc. securities.

No securities are beneficially owned.

/s/ Todd N. Gilman, Attorney-infact 06/22/2017

\*\* Signature of Reporting Person Date

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

- 1. Designation of Attorneys-in-Fact. The undersigned, hereby designates each of James E. Defebaugh, Todd N. Gilman, and Manal Boulos, individuals with full power of substitution, as my attorney-in-fact 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.
- 2. 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.
- 3. Effectiveness. This power of attorney shall become effective upon the execution of this document.
- 4. Duration. This power of attorney shall remain in effect until revoked by me. This power of attorney shall not be affected by disability of the principal.
- 5. 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: June 13, 2017.

/s/ Sean Ebner
SEAN EBNER

STATE OF WASHINGTON )

COUNTY OF PIERCE )

SIGNED OR ATTESTED before me on June 13, 2017, by Sean Ebner.

/s/ Teresa Birkeland
Signature of Notary Public

Teresa Birkeland
Typed Name of Notary Public

My commission expires: 04/01/2018

Residing at: Roy