Kingsmill Denise Form 3 September 14, 2009

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

response...

(Print or Type Responses)

Person * Kingsmill D	Ŷ	orung	Statement (Month/Day/Y	Year)	3. Issuer Name and Ticker or Trading Symbol KORN FERRY INTERNATIONAL [KFY]					
(Last) ((First)	(Middle)	09/10/2009		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
C/O KORN/FERRY INTERNATIONAL, 1900 AVENUE OF THE STARS, SUITE 2600 (Street) LOS ANGELES, CA 90067					(Check all applicable) _X Director 10% Owner Officer Other (give title below) (specify below)		Owner r	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One		
(City) (State) (Zip) Tabl			Table I - N	Reporting Person I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)				2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	*		
No securities as	re benefic	cially own	ed.	0		D	Â			
Reminder: Report owned directly or i	•	te line for ea	ch class of secu	ırities benefici	ally S	EC 1473 (7-02	2)			
•	Person		oond to the c							

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

required to respond unless the form displays a

currently valid OMB control number.

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)

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(Instr. 4) Price of Derivative Derivative Security: Date **Expiration Title** Amount or Direct (D) Security Exercisable Number of or Indirect Shares (I) (Instr. 5)

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other Kingsmill Denise C/O KORN/FERRY INTERNATIONAL ÂΧ ÂÂ Â 1900 AVENUE OF THE STARS, SUITE 2600 LOS ANGELES, CAÂ 90067

Date

Signatures

/s/ Peter L. Dunn, 09/14/2009 attorney-in-fact **Signature of Reporting Person

Explanation of Responses:

- 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).

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Remarks:

Exhibit 24 - Power of Attorney.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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