FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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hours per response:	0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 ROZEK ROBE			2. Issuer Name and Ticker or Trading Symbol KORN FERRY [KFY]		ionship of Reporting P all applicable) Director Officer (give title below)	Person(s) to Issuer 10% Owner Other (specify below)
(Last) C/O KORN FERR 1900 AVENUE OF	(First) Y THE STARS, SUIT	(Middle) FE 2600	3. Date of Earliest Transaction (Month/Day/Year) 07/13/2020		,	O & CCO
(Street) LOS ANGELES (City)	CA (State)	90067 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi	Form filed by One R	ing (Check Applicable Line) Reporting Person than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (li	3. 4. Securities Acc Fransaction Code (Instr. 3) 4. Securities Acc Disposed Of (D)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)		(mau. 4)
Common Stock, par value \$0.01 per share	07/13/2020		Α		21,120(1)	A	\$0.00(2)	248,401	D	
Common Stock, par value \$0.01 per share	07/13/2020		F		9,198(3)	D	\$28.1	239,203	D	
Common Stock, par value \$0.01 per share	07/13/2020		F		1,850 ⁽⁴⁾	D	\$28.1	237,353	D	

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			

Explanation of Responses:

- 1. Acquired upon the settlement of Relative TSR performance units granted on July 12, 2017 under the Korn Ferry Third Amended and Restated 2008 Stock Incentive Plan as a result of the satisfaction of the performance criteria underlying the award.
- 2. Granted as compensation for services.
- 3. Represents a reduction in shares to satisfy the tax withholding obligations of the Issuer with respect to the settlement, on July 13, 2020, of 21,120 Relative TSR performance units, as described in footnote (1) above.
- 4. Represents a reduction in shares to satisfy the tax withholding obligations of the Issuer with respect to the vesting, on July 13, 2020, of 4,247 shares of restricted stock held by the Reporting Person.

Remarks:

/s/ Jonathan Kuai, attorney-in-fact 07/14/2020

** 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).
- $^{**} \ \text{Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C.\ 1001\ and\ 15 U.S.C.\ 78 ff(a).$

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.