SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB Number: 3235-0104

Estimated average burden hours per response: 0.5

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 [*] YOU HARRY L			2. Date of Event Statement (Mont 12/07/2004	h/Day/Year)	3. Issuer Name and Ticker or Trading Symbol KORN FERRY INTERNATIONAL [KFY] 4. Relationship of Reporting Person(s) to Issuer 5. If Amendment, Date of Original Filed				
	(First) ERRY INTERI E OF THE STA	(Middle) NATIONAL ARS, SUITE 2600	_		Kelationship of Reporting Person(: (Check all applicable) X Director Officer (give title below)	10% Owner Other (speci below)		, in Amendment, Dai Month/Day/Year)	e of Original Fried
(Street) LOS ANGELES	СА	90067	_						One Reporting Person
(City)	(State)	(Zip)						Form filed by Person	More than One Reporting
Table I - Non-Derivative Securities Beneficially Owned									
					. Amount of Securities 3. Ownership Beneficially Owned (Instr. 4) Form: Direct (D) or Indirect (I) (Instr. 5)		(D) or 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)			2. Date Ex Expiration (Month/Da		d 3. Title and Amount of Securities Derivative Security (Instr. 4)	Conv or Ex		se (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisab	Expiratior le Date	n Title	Amount or Number of Shares	Price of Derivativ Security	Indirect (I) e (Instr. 5)	

Explanation of Responses:

Remarks:

Exhibit List: Exhibit 24 - Power of Attorney

No securities are beneficially owned.

/s/ Peter L. Dunn, Attorney-in-fact 12/08/2004

** 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 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).

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.

OMB APPROVAL

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that the undersigned (the "Grantor") has made, constituted and appointed, and by these presents does make, constitute and appoint, Peter L. Dunn and Gary D. Burnison (each, an "Attorney"), the true and lawful agent and attorney-in-fact, with full power of substitution and resubstitution, of the Grantor, for and in Grantor's name, place and stead, in any and all capacities, to do all or any of the following acts, matters and things:

- To sign on behalf of the Grantor statements on Form 3, Form 4 and Form 5 and amendments thereto (together, "Section 16 Reports") filed pursuant to Section 16(a) under the Securities Exchange Act of 1934, as amended.
- To do all such other acts and things as, in such Attorney's discretion, he deems appropriate or desirable for the purpose of filing such Section 16 Reports, or amendments thereto.
- 3. To appoint in writing one or more substitutes who shall have the power to act on behalf of the Grantor as if that substitute or those substitutes shall have been originally appointed Attorney(s) by this Power of Attorney and/or to revoke any such appointment at any time without assigning any reason therefor.

The Grantor hereby ratifies and confirms all that said agents and attorneys-in-fact or any substitute or substitutes may lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, the Grantor duly assesses to this Power of Attorney by his/her signature as of the 7th day of December 2004.

Signature: /s/ Harry L. You ______Name of Grantor: Harry L. You