FORM 4

#### **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| OMB APPRO |
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| OMB Number:              | 3235-0287 |
|--------------------------|-----------|
| Estimated average burden |           |
| houre per reenence.      | 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

|                                      |         |          | or occion co(n) or the investment company riot or 1040                              |   |                            |                       |  |  |  |
|--------------------------------------|---------|----------|---|---|----------------------------|-----------------------|--|--|--|
| 1. Name and Address                  |         |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol KORN FERRY INTERNATIONAL [ KFY ] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                            |                       |  |  |  |
| <u>FUKUSHIMA</u>                     | SAKIE I |          |   | X   | Director                   | 10% Owner             |  |  |  |
|                                      |         |          |   | $\dashv$  | Officer (give title below) | Other (specify below) |  |  |  |
| (Last)                               | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year)                                    |   | below)                     | below)                |  |  |  |
|                                      |         | <b>L</b> | 12/27/2005  |   |                            |                       |  |  |  |
| 1900 AVENUE OF THE STARS, SUITE 2600 |         |          |   |   |                            |                       |  |  |  |
| (Street)                             | eet)    |          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                            | 6. Indiv  | Check Applicable Line)     |                       |  |  |  |
| LOS ANGELES                          | CA      | 90067    |   | X   | Form filed by One Report   | ing Person            |  |  |  |
| LOS ANGELES                          | CA      | 90007    |   |   | Form filed by More than 0  | One Reporting Person  |  |  |  |
| (City)                               | (State) | (Zip)    |   |   |                            |                       |  |  |  |
|                                      |         |          |   |   |                            |                       |  |  |  |

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

| 1. Title of Security (Instr. 3)          | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | Transaction Code (Instr. |   | 4. Securities Ac<br>Disposed Of (D |               |        | 5. Amount of<br>Securities<br>Beneficially Owned<br>Following Reported<br>Transaction(s) | 6. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|---|--------------------------|---|------------------------------------|---------------|--------|--|---|---|
|  |  |   | Code                     | v | Amount                             | (A) or<br>(D) | Price  | (Instr. 3 and 4)   |   | (11150: 4)  |
| Common Stock, par value \$0.01 per share | 12/27/2005                                 |   | M                        |   | 30,000                             | A             | \$14   | 129,992  | D   |   |
| Common Stock, par value \$0.01 per share | 12/27/2005                                 |   | S                        |   | 30,000                             | D             | \$18.9 | 99,992   | D   |   |

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

| 1. Title of<br>Derivative<br>Security (Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |            | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transac<br>Code (Ir<br>8) |   |     | tive<br>ties | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amount of<br>Securities Underlying<br>Derivative Security (Instr.<br>3 and 4) |                                     | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|--|---|------------|---|---------------------------------|---|-----|--------------|--|--------------------|--|-------------------------------------|---|--|--|--|
|  |   |            |   | Code                            | v | (A) | (D)          | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of Shares |   | Transaction(s)<br>(Instr. 4)   |  |  |
| Employee Stock<br>Option (right to<br>buy)       | \$14  | 12/27/2005 |   | M                               |   |     | 30,000       | 02/10/2000(1)  | 02/10/2006         | Common<br>Stock  | 30,000                              | (2)   | 0  | D  |  |

## Explanation of Responses:

- $1. \ The \ option \ vested \ in \ three \ equal \ annual \ installments \ beginning \ on \ February \ 10, 2000.$
- 2. Granted as compensation.

/s/ Peter L. Dunn, Attorney-in-fact 12/29/2005

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.