FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

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 Reporting Person* Shih Anne | | | | | | 2. Issuer Name and Ticker or Trading Symbol RESOURCES CONNECTION INC RECN | | | | | | | | | eck all ap X Dire | ctor | 1 | % Owner | |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|--|------------------------------|--------|-----------------------------------------------------------------------------------|--|-----------------------|--------------------|--------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------|---------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------|-------------------|
| (Last) (First) (Middle) 17101 ARMSTRONG AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2016 | | | | | | | | | belo | er (give title w) | | ther (specify flow) | |
| (Street) IRVINE CA 92614 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | e) <mark>X</mark> Fori Fori | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | \neg | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | Code | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | 6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4) | t Indirect ect Benefic Owners | t cial ship |
| | | | | | | | | | Code | v | Amount | (A) (D) | | rice | Trans | action(s) 3 and 4) | | (Instr. 4 | , |
| Common Stock 05/11/ | | | | | /2016 | 2016 05/11/ | | /2016 | S | | 2,000 | 0 D | | \$15.0 | 8 1 | 2,000 | I | Joint w/Spo | ouse |
| Common Stock 05/11/2 | | | | | /2016 | 2016 05/ | | 05/11/2016 | | | 430 |] |) ! | \$15.0 | 8 1 | 11,570 | | Joint w/Spo | ouse |
| Common Stock | | | | | | | | | | | | | | | 3 | 30,132 | 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) | tive Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year) | | | 4. Transa Code (8) | (Insti | tion of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expira (Month | tion Da l/Day/Y | | Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Security Instr. and 4) | | r. 3 | . Price of Perivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owners Form: Direct (or India (I) (Inst | Benefic O) Owners ect (Instr. 4 | rect cial ship | |

Explanation of Responses:

Anne Shih

05/12/2016

** 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).
- ** 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.