FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | VAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burd | en |
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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

| Name and Address of Reporting Person* CHARGE OF THE PLANT. CHARGE OF THE PLANT. | | | | | | | 2. Issuer Name and Ticker or Trading Symbol RESOURCES CONNECTION INC [RECN | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|---|------|-------|-------------------|--|--|---|---------|-----------------------|------------------------------------|--------------|---|--|------------------|---------|-------------------|---|---|------------|--|--|--|--|
| GIUSTO STEPHEN | | | | | | |] | | | | | | | | | | Direc | ctor | | 10% C | Owner | | |
| (Loot) (Firot) (Middle) | | | | | | | 1 | | | | | | | | | | X Officer (give title below) | | | Other below) | (specify | | |
| (Last) (First) (Middle) 695 TOWN CENTER DRIVE - SUITE 600 | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/08/2003 | | | | | | | | | | Chief Financial Officer | | | | | | |
| (Street) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applica Line) | | | | | |
| COSTA I | MESA C | CA S | 92626 | | | | | | | | | | | | | X | Forn | n filed by One | e Re | e Reporting Person | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ar) | 2A. Dee Execution if any (Month/ | on Date | Cod | Transaction Dis Code (Instr. 5) | | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | Securi Benefi | cially I Following | For (D) | Ownership m: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Cod | le V | <i>,</i> | Amount | | (A) or (D) Price | | e | Transaction(c) | | | | (11150.4) | | |
| Common Stock 12/08/ | | | | | | /2003 | | | G | | V | 500 | | D | 5 | \$ <mark>0</mark> | 24 | 246,053 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | | 3 | 36,000 | | I | By Giusto Family Trust | | |
| Common | Stock | | | | | | | | | | | | | 1,000 | | I | By Spouse | | | | | | |
| 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) | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | Date, sy/Year) | | ransaction of of order of order of order of order of order order of order orde | | | 6. Date Expira (Monti | tion E | Date /Yea | ble and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Shares | | | nstr. 3 | 1 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | . | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

Remarks:

12/09/2003 /s/ Giusto, Stephen J.

** 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.