FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

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STATEMENT	OF	CHANGES	IN E	BENEFICIA	LU	WNERSH	IΡ

OMB API	PROVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per respons	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* Sartain Elizabeth P					2. Issuer Name and Ticker or Trading Symbol ManpowerGroup Inc. [MAN]								5. Relationship (Check all app X Direct		,		son(s) to Is		
(Last)	(F	irst) (f	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/01/2024									Office	er (give title		Other (s below)	specify
	WERGRO NPOWER				4. lf /	4. If Amendment, Date of Original Filed (Month/Day/Year)								Indiv ne)	-/			.	
(Street) MILWAU	JKEE W	П 5	3212		Du	lo 10	h.E.	1(0)	Tron		tion Indi	iootic			Form Perso	filed by Moi on	re than	One Repo	orting
(City)	(S	tate) (2	Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to			
		Table	I - No	on-Deriva	tive \$	Secui	rities	Acc	quired	d, Dis	posed of	, or E	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)			Execution Dat		,	Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3,			4 and 5) S B O		5. Amount of Securities Beneficially Owned Following Reported		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D) Pri			Transaction(s) (Instr. 3 and 4)				(111511.4)		
Common	Stock			01/01/20	024				A ⁽¹⁾		2,265(2)	A	\$79.4	47 ⁽³⁾ 30,337		0,337	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) 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise (Instr. 3) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Transaction Date (Month/Day/Year) 5. Tr			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	0. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
Evalenation					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						

- 1. Annual grant of restricted stock under the 2011 Equity Incentive Plan of the Company (the "Plan") and the Terms and Conditions Regarding the Grant of Awards to Non-Employee Directors under the Plan (the "Terms and Conditions").
- 2. The shares of restricted stock will vest in quarterly installments on the last day of each calendar quarter during 2024.
- 3. Represents the Market Price (as defined in the Plan) on the last trading day of 2023.

/s/ Richard Buchband (pursuant to Power of Attorney previously filed)

** Signature of Reporting Person

01/03/2024

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.