FORM 4

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

VIIIEO F	VIAD EV	CHANCE	
Washington	D C 20540		

OMB APPR	ROVAL								
OMB Number:	3235-0287								
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(0). 0	ee mstruction	10.																		
Name and Address of Reporting Person*     Source in Elizab oth D.						2. Issuer Name <b>and</b> Ticker or Trading Symbol  ManpowerGroup Inc. [ MAN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Sartain Elizabeth P					manpo nor orong me. [ mm ]								1	Direc	ctor		10% Ov	vner		
(Last) (First) (Middle) MANPOWERGROUP INC.				3. Date of Earliest Transaction (Month/Day/Year) 01/01/2025										Office below	er (give title v)		Other (s below)	specify		
100 MANPOWER PLACE					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															Form filed by One Reporting Person					
MILWAUKEE WI 53212													Form filed by More than One Reporting Person							
(City)	(;	State)	(Zip)												. 0.00					
		Tab	e I - N	on-Deriva	tive S	Secui	rities	Acc	quired	d, Dis	posed of	, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution Date		·	Transaction Disposed Of Code (Instr.		s Acquired (A) o f (D) (Instr. 3, 4 a		and 5) Securi Benefi Owned		ities Folicially (D) (I)		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) o (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 01/01/20					025			A <sup>(1)</sup>		3,119(2)	A	\$57.	.72 <sup>(3)</sup> 3		33,456		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)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) Fixecution Date, if any (Month/Day/Year)			ution Date,	4. Transaction Code (Instr. 8)		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)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares							

## **Explanation of Responses:**

- 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 2025.
- 3. Represents the Market Price (as defined in the Plan) on the last trading day of 2024.

/s/ Richard Buchband 01/03/2025 (pursuant to Power of Attorney previously filed)

\*\* 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.