

# RESOURCES CONNECTION INC

Reported by  
**BOWER JOHN D**

## FORM 3/A

(Amended Statement of Beneficial Ownership)

Filed 07/03/17 for the Period Ending 08/29/16

|             |  |
|-------------|--|
| Address     | 17101 ARMSTRONG AVENUE<br>IRVINE, CA 92614         |
| Telephone   | 7144306400   |
| CIK         | 0001084765   |
| Symbol      | RECN   |
| SIC Code    | 7389 - Business Services, Not Elsewhere Classified |
| Industry    | Business Support Services                          |
| Sector      | Industrials  |
| Fiscal Year | 05/31  |

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 *             |  |  | 2. Date of Event Requiring Statement (MM/DD/YYYY)  |  | 3. Issuer Name and Ticker or Trading Symbol   |  |  |
| <b>BOWER JOHN D</b>                                   |  |  | <b>8/29/2016</b>   |  | <b>RESOURCES CONNECTION INC [RECN]</b>  |  |  |
| (Last) (First) (Middle)<br><b>17101 ARMSTRONG AVE</b> |  |  | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  |  |   |  |  |
| (Street)<br><b>IRVINE, CA 92614</b>                   |  |  | 5. If Amendment, Date Original Filed (MM/DD/YYYY)  |  |   |  |  |
| (City) (State) (Zip)                                  |  |  | <b>10/12/2016</b>  |  | 6. Individual or Joint/Group Filing (Check Applicable Line)   |  |  |
|   |  |  | <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)<br><b>Chief Accounting Officer /</b> |  |   |  |  |
|   |  |  |  |  | <input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |  |  |

### Table I - Non-Derivative Securities Beneficially Owned

|                                 |   |  |   |
|---------------------------------|---|--|---|
| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
| <b>Common Stock</b>             | <b>16800 (1)</b>                                      | <b>D</b>   |   |

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

| 1. Title of Derivate Security (Instr. 4) | 2. Date Exercisable and Expiration Date (MM/DD/YYYY) |                 | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) |                            | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|----------------------------|--|---|---|
|  | Date Exercisable                                     | Expiration Date | Title   | Amount or Number of Shares |  |   |   |

#### Explanation of Responses:

(1) (1) These shares were omitted from the reporting person's original Form 3

#### Reporting Owners

| Reporting Owner Name / Address                                   | Relationships |           |                                 |       |
|--|---------------|-----------|---------------------------------|-------|
|  | Director      | 10% Owner | Officer                         | Other |
| <b>BOWER JOHN D<br/>17101 ARMSTRONG AVE<br/>IRVINE, CA 92614</b> |               |           | <b>Chief Accounting Officer</b> |       |

#### Signatures

**John D. Bower**

**6/30/2017**

\*\*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 5(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 control number.