Instruction 1(b).

FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

		00540
Vashington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL			
	OMB Number:	3235-0362		
	Estimated average b	urden		
1	hours per response:	1.0		

HUENEKE TERRY A MANPOWER INC /WI [MAN] (Check all applicable) X Director 10 Officer (give title Delow) Delow Delo	Owner er (specify w) Applicable
HUENEKE TERRY A (Last) (First) (Middle) MANPOWER INC. (Street) MILWAUKEE WI 53212 (City) (State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Month/Day/Year) (Month/Day/Year) (A) or (D) (Instr. 3, 4 and 5) (Check all applicable) X Director Officer (give title Delow) A lif Amendment, Date of Original Filed (Month/Day/Year) (City) (State) (Check all applicable) X Director Officer (give title Delow) Officer (give title Delow) Officer (give title Delow) A lif Amendment, Date of Original Filed (Month/Day/Year) Form filed by One Reporting Form filed by More than One Person Officer (give title Delow) A lif Amendment, Date of Original Filed (Month/Day/Year) A lift Amendment, Date of Or	Owner er (specify w) Applicable
(City) (State) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date (Month/Day/Year) [Month/Day/Year] [Month/Day/Year] [Month/Day/Year] [Month/Day/Year] [Month/Day/Year] [Amount (A) or (D) owned at end of Isane (Month/Day/Year) [None (Instr. 3)] [Amount (A) or (D) owned at end of Isane (Instr. 3)] [None (Instr. 3)] [Amount (A) or (D) owned at end of Isane (Instr. 3)] [None (Instr. 3)] [Amount (A) or (D) owned at end of Isane (Instr. 3)] [None (w) Applicable
(Street) MILWAUKEE WI 53212 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Amount (A) or Drice (Instr. 3) (Instr. 3) (A) or Disposed of Securities Beneficially Owned (Instr. 4) (Instr. 4)	
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Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Month/Day/Year) Transaction Code (Instr. 8) Of (D) (Instr. 3, 4 and 5) Securities Beneficially Form: Direct Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) Of (D) (Instr. 4) Of (D) (Instr. 3, 4 and 5) Securities Beneficially Form: Direct (D) Of (D) (Instr. 3, 4 and 5) Of (D)	
Amount (A) or (D) Price Issuer's Fiscal Year (Instr. 3 and 4) Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
Common Stock 05/25/2009 G 300 D \$0 10,587 D	(Instr. 4)
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) Conversion or Exercise Price of Derivative Security (Security (Instr. 3)) Reported for (Month/Day/Year) 1. Title of Derivative Securities (Month/Day/Year) Reported for (Month/Day/Year) Reported for (Month/Day/Year) 2. Transaction Date (Execution Date (Month/Day/Year) Reported for (Month/Day/Year) Reported for (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Reported for (Month/Day/Year) Reported for (Instr. 4) Reported for (Month/Day/Year) Reported for (Instr. 4) Reported for (Instr. 4) Reported for (Month/Day/Year) Reported for (Instr. 4) Reported for (Month/Day/Year) Reported for (Instr. 4) Reported for (Instr. 4)	Beneficial Ownership t (Instr. 4)

Explanation of Responses:

Remarks:

Kenneth C. Hunt (pursuant to Power of Attorney previously

02/19/2010

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.