| FORM | 4 |
|-------------|---|
|-------------|---|

| Check this box if no |
|-----------------------|
| longer subject to |
| Section 16. Form 4 or |
| Form 5 obligations |
| may continue. See |
| Instruction 1(b). |
| |

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response .. 0.5

STATEMENT OF CHANGES IN 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

| (Finit of Type Responses) | | | | | | | | | | | |
|---|--|--|--------------|-----------|--|--|--------|---|-------------------|-------------------------|--|
| 1. Name and Address of Reporting Person ⁺ ISAAC WILLIAM M | 2. Issuer Name and GEE Group Inc. | | radin | ıg Symbol | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) C/O 7751 BELFORT PARKWAY, S | | 3. Date of Earliest Tr 05/19-05:00/202 | · · · | Montl | n/Day/Yea | r) | | Officer (give title below)Ot | her (specify belo | ow) | |
| (Street) JACKSONVILLE, FL 32256 | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing/Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) (State) | (Zip) | r | Fable I - No | on-De | erivative S | Securitie | s Acqu | ired, Disposed of, or Beneficially Owr | ied | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, if | (Instr. 8) | ion V | 4. Securi (A) or Di (Instr. 3, Amount | 4 and 5) (A) or | f (D) | Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Beneficial Ownership | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained SEC 1474 (9-02) in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|--|---|--------------------------|--|------|--|--------|------------|----------------|--|-----------------|--|--|---|------------|--|
| Derivative Security | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | | Code | 5. Number of Derivative Securities | | (Month/Day | Date /Year) | 7. Title and Amount of Underlying Securities | | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect (I) | Beneficial | |
| | | | | Code | v | (A) | (D) | Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (Instr. 4) | |
| Option to Purchase Common Stock | \$ 0.54 | 05/19- 05:00/2021 | | А | | 25,000 | | Û | 05/19- 05:00/2031 | Common Stock | 25,000 | \$ 0.54 | 227,500 | D | |

Reporting Owners

| | Relationships | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| ISAAC WILLIAM M C/O 7751 BELFORT PARKWAY SUITE 150 JACKSONVILLE, FL 32256 | Х | | | | | | |

Signatures

/s/ William M. Isaac

08/27-05:00/2021

Signature of Reporting Person

Date

Explanation of Responses:

* 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).

The options were granted as compensation for services performed as a director of the Company and will cliff vest at the end of a two-year (1) period.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.