FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	hours per response:	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* LAING JENNIFER						2. Issuer Name and Ticker or Trading Symbol Hudson Global, Inc. [HSON]											k all appli Directo	cable) or	g Per	son(s) to Iss	wner
(Last) 20 GLO	•	rst) CRESCENT	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/13/2013											Officer (give title below)		Other (s below)		specify	
(Street) LONDON, UNITED X0 NW1 7DS KINGDOM				4. If	4. If Amendment, Date of 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)	(Si	ate)	(Zip)																		
		Tab	le I - Nor	n-Deriv	ative	Se	curiti	es A	cqı	uired, [Disp	osed (of, or	Ber	nefic	ially	Owned	ł			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution Date			ution Date,		Transaction Di Code (Instr. 5)		ecurities Acquired (A) osed Of (D) (Instr. 3,			4 and Securit Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Pric	ice Reporte Transac (Instr. 3		tion(s)			(Instr. 4)	
Common	Stock			09/13	8/2013	2013				P ⁽¹⁾		8	8 A		,	3	17,122			D	
Share Units ⁽²⁾																56,403.3506			D		
		Т	able II - I	Derivat (e.g., p													Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	l. Fransactior Code (Instr. 8)		n of		Ex	Date Exer piration D onth/Day/		e and 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		s Securit	D	. Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Da:	te ercisable		piration te	Title		Amou or Numb of Share:	er					
Director Stock Option (Right to Buy)	\$11.65									(3)	10	/17/2013	Comr		40,00	0		40,000)	D	

Explanation of Responses:

- $1. \ The reported transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 6, 2013.$
- 2. Share Units credited to the reporting person's account under the Hudson Global, Inc. Director Deferred Share Plan. Each Share Unit is the economic equivalent of one share of Common Stock. Share Units are payable only in Common Stock after a director's Separation from Service.
- 3. Grant to reporting person of option to buy shares of common stock under the Hudson Global, Inc. Long Term Incentive Plan. The option vests and becomes exercisable as follows: 40% immediately upon the date of grant, 60% after 1st anniversary of the date of grant, 80% after 2nd anniversary, and 100% after 3rd anniversary.

Remarks:

/s/ John K. Wilson, Attorneyin-Fact for Jennifer Laing

09/17/2013

** 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.