FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APF	PROVAL				
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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* <u>Diamond Matthew K</u>	2. Date of Event Requiring Stateme (Month/Day/Year) 06/30/2019		3. Issuer Name and Ticker or Trading Symbol Hudson Global, Inc. [HSON]					
(Last) (First) (Middle) C/O HUDSON GLOBAL, INC.			Relationship of Reporting Person heck all applicable) Director	10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
53 FOREST AVENUE	_		X Officer (give title Other (specify below)		, [6.	6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street)			VP of Finan	ce		X Form filed b	y One Reporting Person	
OLD CT 06870						Form filed b Reporting P	by More than One Person	
(City) (State) (Zip)								
	Table I - Non-I	Derivative	e Securities Beneficial	y Owned				
1. Title of Security (Instr. 4)	Table I - Non-I	2. An	e Securities Beneficiall mount of Securities eficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (Ins	ature of Indirect tr. 5)	t Beneficial Ownership	
1. Title of Security (Instr. 4)	Table II - De	2. An Bene erivative S	mount of Securities	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (Ins		t Beneficial Ownership	
Title of Security (Instr. 4) Title of Derivative Security (Instr. 4)	Table II - De	2. An Bene erivative S s, warrants	mount of Securities eficially Owned (Instr. 4) Securities Beneficially	3. Ownersh Form: Direct or Indirect (Instr. 5) Owned securitie	ct (D) (Ins	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Matthew K. Diamond 07/10/2019

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).