FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPROVAL										
	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

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1. Name and Address of Reporting Person*  GRAY RICHARD S					<u>H</u> I	Issuer Name and Ticker or Trading Symbol     HUDSON HIGHLAND GROUP INC [     HHGP ]  3. Date of Earliest Transaction (Month/Day/Year)     06/26/2006											ationship of Reporti k all applicable) Director Officer (give title below)		10% Ow		vner	
(Last) (First) (Middle) C/O HUDSON HIGHLAND GROUP, INC. 622 THIRD AVENUE																Senior Vice I			,			
(Street) NEW YORK NY 10017					_   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)	(S		(Zip)														_					
Date		2. Trans	action	2A. Deemed Execution Date,		3. 4. Secu Transaction Dispos Code (Instr. 5)			4. Secur Dispose	of, or Benefic rities Acquired (A) o ed Of (D) (Instr. 3, 4			5. Amour		nt of es ally	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership				
										Code	v	Amount	(A) or (D)		Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common	Stock			06/26	5/2006	/2006			$\top$	S		600	600		\$10.	99	5,916			D		
Common Stock															1,33		37.053			By Plan <sup>(1)</sup>		
Common Stock														85		7.266			By 401(k) <sup>(2)</sup>			
		7	able II -	Deriva (e.g., p												y O	wned		,			
1. Title of Derivative Security (Instr. 3)	Conversion Date Execution or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)		n of		Expi	6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		s Security	De Se	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisable		xpiration ate	Title		Amount or Number of Shares							
Employee Stock Option (right to buy)	\$9.17									(3)	06	/25/2013	Comr		18,000			18,000		D		
Employee Stock Option (right to buy)	\$13.25									(4)	01	/18/2015	Comr		30,000			80,000		D		

## **Explanation of Responses:**

- 1. Balance reflects the reporting person's holdings in the Hudson Highland Group, Inc. Employee Stock Purchase Plan as of the date of this filing.
- 2. Balance reflects the most current data available with regard to holdings in the 401(k) Plan.
- 3. Grant to reporting person of option to buy shares of common stock under the Hudson Highland Group, Inc. Long Term Incentive Plan. The option vests and becomes exercisable as follows: 50% after 1st anniversary of the date of grant, 75% after 2nd anniversary, and 100% after 3rd anniversary.
- 4. Grant to reporting person of option to buy shares of common stock under the Hudson Highland Group, Inc. Long Term Incentive Plan. The option vests and becomes exercisable as follows: 50% after 3rd anniversary of the date of grant and 100% after 4th anniversary

## Remarks:

By: John K. Wilson, Attorney-In-Fact

06/27/2006

\*\* 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.