FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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* OFFENSEND DAVID G						2. Issuer Name and Ticker or Trading Symbol HUDSON HIGHLAND GROUP INC								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
OFFERIORING DAVID G						HHGP]								X Director			10% Ov	vner	
(Last)	(Fi	rst)	(Middle	e)		-								Officer (give title below)			Other (specify below)		
C/O THI		3. Date of Earliest Transaction (Month/Day/Year) 03/15/2006																	
						/15/20	106												
FIFTH AVENUE AND 42ND STREET, ROOM 210						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)											,	,		ine)				.	
NEW YORK NY 10018													X Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)					-								Person						
		Tab	le I -	Non-Deriv	vative	e Sec	uriti	es A	cquir	ed, C	Disposed	of, or E	Benefici	ally Owned					
1 Title of 9	Security (Inst	r 3)		2. Transactio	on	2A. De	emed		3.		4. Securities	Acquired	(A) or	5. Amount of		6. Owners	hip 7. Natu	re of	
Da			Date (Month/Day/	Year)	Execut if any	xecution Date,		Transaction Code (Instr. 8)					Securities Beneficially Owned Followi		Form: Dire (D) or Indir (I) (Instr. 4	ect Indired rect Benefi	Indirect		
				(World // Day/ Tear)		Cai,	-	\vdash		(0)		Reported		(1) (111311. 4)	4)	Silip (ilisti.			
									Code		Amount	(A) or (D)	Price	Transaction(s (Instr. 3 and 4					
																	By D	eferred	
Common Stock			03/15/20	06	03/1	03/17/2006		A		709.01	A	\$16.38	2,610.513		I	1 1	Compensation		
													,			Plan ⁽¹⁾			
Common Stock														25,000	00 D				
		Т	able	II - Deriva	ative 5	Secu	rities	s Ac	auire	d. Di	sposed of	or Be	neficial	ly Owned		,			
		•	abic								s, convert								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if any			action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
													Amoun	t					
					Code	v	(A)	(D)	Date	cisable	Expiration Date	Nu of	Numbe	r					
Director						<u> </u>	,,,	(-,			+	<u> </u>	+	+					
Stock Option (right to buy)	\$6.83									(2)	04/11/2013	Commo Stock	ⁿ 50,000		!	50,000	D		

Explanation of Responses:

- 1. Balance reflects the reporting person's holdings in the Hudson Highland Group, Inc. Deferred Compensation Plan as of the date of this filing.
- 2. 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: 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.

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

03/17/2006

** 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.