FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*  KLOSS ELAINE A  (Last) (First) (Middle)  HUDSON HIGHLAND GROUP, INC.,  560 LEXINGTON AVENUE							2. Issuer Name and Ticker or Trading Symbol HUDSON HIGHLAND GROUP INC [ HHGP ]  3. Date of Earliest Transaction (Month/Day/Year) 02/13/2009										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below) below)  VP Finance and Treasurer					
(Street) NEW YORK NY 10022					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)											Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	City) (State) (Zip)																					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned  1. Title of Security (Instr. 3)  2. Transaction 2A, Deemed 3, 4, Securities Acquired (A) or 5, Amount of 6, Ownership 7, Nature																						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ar) E	A. Deemed xecution Date, any Month/Day/Year)		'	3. Transaction Code (Instr. ) 8)					4 and Securit Benefic Owned		cially (D) Following (I) (		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
											v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3		tion(s)			(Instr. 4)	
Common Stock 02/13/2						2009				F		1,848	B <sup>(1)</sup> D		\$2.5	35	4,786			D		
Common Stock																	1,388.463			I	By 401(k) Plan <sup>(2)</sup>	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
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/Da	Date,	4. Transact Code (In: 8)				6. Date Exerc Expiration Da (Month/Day/Y		Date		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	٧	(A)	(D)	Da Ex	ate xercisabl		xpiration ate	Title		Amount or Number of Shares							
Employee Stock Option (Right to Buy)	\$16.33									(3)	06	6/01/2015	Comi		9,000			9,000		D		
Employee Stock Option (Right to	\$16.9									(3)	02	2/06/2017	Comi		7,500			7,500		D		

## **Explanation of Responses:**

- 1. Reflects payment of tax liability by withholding shares of stock incident to vesting of restricted stock previously issued.
- 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: 25% after 1st anniversary of the date of grant, 50% after 2nd anniversary, 75% after 3rd anniversary, and 100% after 4th anniversary of the date of grant.

## Remarks:

John K. Wilson, Attorney-in-

02/17/2009

**Fact** 

\*\* 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.