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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

)	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See
,	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB AP	PROVAL
OMB Number:	3235-028

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	hours per response:	0.5

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)					
<u>OFFENSEND DAVID G</u>			HHGP]		Director	10% Owner			
(Last) (First) (Middle)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		Officer (give title below)	Other (specify below)			
C/O THE NEW YORK PUBLIC LIBRARY			01/17/2006						
FIFTH AVENUE AND 42ND STREET, ROOM 210		ND STREET, ROOM 210							
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicab Line)					
(Street) NEW YORK	NY	10018		X	Form filed by One Re	porting Person			
NEW YORK NY 10018		10018			Form filed by More th Person	an One Reporting			
(City)	(State)	(Zip)							
		Table L Non Doriva	tive Securities Acquired Dispessed of ar Benefi	oially	Ownod				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr.		
			Code	v	Amount	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)		4)	
Common Stock	01/17/2006	01/19/2006	A		192.522	A	\$14.89	1,718.59	Ι	By Deferred Compensation Plan ⁽¹⁾	
Common Stock								25,000	D		

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

												1			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	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)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Director Stock Option (right to buy)	\$6.83							(2)	04/11/2013	Common Stock	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 01/19/2006

** 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.