FORM 4	4
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Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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I	OMB Number:	3235-0287						
Estimated average burden								
	hours per response:	0.5						

	is may contin n 1(b).			Fi									ange Ac		34					sponse:	0.5		
1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol <u>HUDSON HIGHLAND GROUP INC</u> [HHGP]										l applica Director	able)	g Pers	on(s) to Issi 10% Ov	vner		
(Last) (First) (Middle)							<u> </u>						<u>,</u>		_	X Officer (give title below)				Other (specify below)			
C/O HUDSON HIGHLAND GROUP, INC. 622 THIRD AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 01/13/2006											Chairman and CEO						
(Stract)						4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applica Line)						
(Street) NEW YORK NY 10017					_												X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(Si	tate)	(Zip)														Person						
		Ta	ble I - Nor	n-Deri	vativ	/e Se	ecurit	ties /	Acqu	ired,	Disp	osed	of, or	Bene	eficial	ly Ov	vned						
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L							2A. De Execu if any (Montl	tion D	ate,	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Secu Bene Owne		rities For ficially (D) ed Following (I) (Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
											v	Amou		(A) or (D)	Price	Tr					(Instr. 4)		
Common St	13/20	06				G	v	50	00	D	\$ <mark>0</mark>		6,355.307 ⁽¹⁾		I		By Plan ⁽²⁾						
Common Stock																	198,200 ⁽³⁾		D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																							
Security or (Instr. 3) P D	Conversion r Exercise trice of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate,	4. Transa Code (8)	ction	5. Number		6. Dat Expira	ts, options 6. Date Exerci Expiration Da (Month/Day/Yo			Tible Securiti 7. Title and Amou Securities Under Derivative Secur (Instr. 3 and 4)		ount of erlying urity	Deri Sec	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s dly g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	sisable	Expi Date	ration	Title		ount or nber of res								
Employee Stock Option (right to buy)	\$6.83 ⁽³⁾								((4)	04/1	1/2013	Commo Stock	ⁿ 244	4,500 ⁽³			244,500	0 ⁽³⁾	D			
Employee Stock Option (right to buy)	\$13.25 ⁽³⁾								((5)	01/1	8/2015	Commo Stock	ⁿ 280),000 ⁽³			280,000	0 ⁽³⁾	D			
 Balance reflection The amounts Grant to report 	shown reflect ects the report and prices sl orting person	es: is the number of shar ting person's holding hown have been adju of option to buy shar the date of grant, 50	s in the Hudson sted to reflect a res of common	n Highla a 2-for-1 stock u	and Gro I stock nder th	oup, In split ei e Huds	c. Empl ffectuat on Hig	loyee S ed by t hland (Stock Pu the issue Group, I	urchase l er on Fei Inc. Lon	Plan as bruary 1g Terr	s of the o 25, 200 n Incent	date of th)5. ive Plan.	is filing. The opt	ion origi				comes e	exercisable a	s follows:		

5. 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

01/17/2006

** 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.