FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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* NOONAN MARGARETTA							2. Issuer Name and Ticker or Trading Symbol HUDSON HIGHLAND GROUP INC [HHGP]									5. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner V Officer (give title Other (specify						
(Last) (First) (Middle) C/O HUDSON HIGHLAND GROUP, INC. 622 THIRD AVENUE							3. Date of Earliest Transaction (Month/Day/Year) 01/18/2005										X Officer (give title Other (specify below) Executive VP, Human Resources					
(Street)					4.1											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																					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ear)	2A. Deem Execution if any (Month/Da	, 3	3. 4. S Transaction Dis Code (Instr. 5)			curities Acquired (A) oosed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
											v	Amount	(A) or D)	Price	Reporte Transac (Instr. 3	tion(s)	(s)		(Instr. 4)		
Common Stock																4,	4,914		D			
Common Stock																22	0.58			By 401(k) ⁽¹⁾		
Common Stock																2,48	5.004			By Plan ⁽²⁾		
		-	Fable II -							-	-	sed of, onvertil			-	Owned		,				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and	6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		s Security	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 Exe	e ercisable		xpiration ate	Title		Amount or Number of Shares							
Employee Stock Option (right to buy)	\$26.5	01/18/2005			A		40,000			(3)	0:	1/18/2015	Comr Stoo		40,000	\$0	40,00	0	D			
Employee Stock Option (right to	\$13.66									(4)	04	4/11/2013	Comr		21,000		21,00	0	D			

Explanation of Responses:

- 1. Balance reflects the most current data available with regard to holdings in the 401(k) Plan.
- 2. Balance reflects the reporting person's holdings in the Hudson Highland Group, Inc. Employee Stock Purchase Plan as of the date of this filing.
- 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 3rd anniversary of the date of grant and 100% after 4th 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 1st anniversary of the date of grant, 75% after 2nd anniversary, and 100% after 3rd anniversary.

Remarks:

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

01/18/2005

** 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.