FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| - | |
|-------------------------------|-----------------|
| STATEMENT OF CHANGES IN BENEF | ICIAL OWNERSHIP |

OMB APPROVAL

OMB Number: Estimated average burden er response: 0.5

> > 7. Nature of Indirect Beneficial

Ownership (Instr. 4)

FOOTNOTE⁽²⁾

FOOTNOTE⁽²⁾

11. Nature of Indirect Beneficial Ownership (Instr. 4)

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

Sagard Capital Partners GP, Inc.

325 GREENWICH AVENUE

(First)

(Middle)

(Last)

| | tions may conti tion 1(b). | nue. See | F | iled pu | rsuant t | o Sectio | n 16(| a) of t | he Se | curities Exchar | nge Act | of 1934 | | | hours per | respons | se: | 0 |
|--|-------------------------------|--|--|-------------------|---|--------------------------|---|---------------------------------------|--------------|--|--|---|---|---|------------------------------|--|----------|--|
| 1. Name ar | nd Address of | Reporting Person* | | 2. | r Section | n 30(h) Name a | of the | cker c | or Trac | t Company Act | | | 5. Relationsh | | | erson(: | s) to Is | suer |
| Sagard Capital Partners, L.P. | | | | <u>F</u> | Hudson Global, Inc. [HSON] | | | | | | | (Check all applicable) Director X 10% Owner | | | | | | |
| (Last) (First) (Middle) 325 GREENWICH AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/23/2012 | | | | | | Offic belo | | give title | | Other (specify below) | | | |
| | | | | — 4. | . If Ame | ndment, | , Date | of Or | iginal | Filed (Month/D | ay/Year | ·) | 6. Individual o | or Join | t/Group Fil | ing (Cl | neck A | oplicable |
| (Street) GREENWICH CT 06830 | | | | | | | | | | Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | JOI1 | | | | |
| | | Tab | le I - Non-Der | ivativ | ve Se | curitie | s Ad | cqui | red, | Disposed o | of, or | Benefic | cially Own | ed | | | | |
| Date | | Date | Date | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Benefic Ownership (Ins. 4) | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | | |
| СОММО | N STOCK | | 07/23/2 | 012 | | | | P | | 20,000(1) | A | \$4.35 | 4,214,8 | 48 | I | I SEE FOC | | TNOTE |
| СОММО | N STOCK | | 07/24/2 | 2012 | | | | P | | 15,000(1) | A | \$4.24 | 4,229,8 | 848 I | | SEE FOOTNO | | ΓΝΟΤΕ |
| | | Та | able II - Deriv (e.g., | | | | | | | sposed of, s, convertil | | | | | | | | |
| 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 | Cod | saction e (Instr. | 5. Number | | 6. Date Ex Expiration (Month/Da | | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | 8. Price of Derivative Security (Instr. 5) | deriv Secu Bene Own Follo Repo | owing orted saction(s) | Form: Direct or Ind | | 11. Natur of Indire Beneficia Ownersh (Instr. 4) |
| | | | | Cod | e V | (A) | (D) | Dat Exe | e ercisal | Expiration Date | Title | Amoun or Number of Shares | | | | | | |
| 1 | | Reporting Person* | | | | ' | | | | • | | | • | | | | | |
| (Last) 325 GRE | ENWICH | (First) AVENUE | (Middle) | | | | | | | | | | | | | | | |
| (Street) | WICH | СТ | 06830 | | _ | | | | | | | | | | | | | |
| (City) | | (State) | (Zip) | | | | | | | | | | | | | | | |
| ı | | Reporting Person* Partners Mana | | <u>RP</u> | | | | | | | | | | | | | | |
| (Last) 325 GRE | ENWICH | (First) AVENUE | (Middle) | | | | | | | | | | | | | | | |
| (Street) | WICH | СТ | 06830 | | - | | | | | | | | | | | | | |
| (City) | | (State) | (Zip) | | - | | | | | | | | | | | | | |
| 1. Name ar | nd Address of | Reporting Person* | 7 | | | | | | | | | | | | | | | |

| (Street) GREENWICH | CT | 06830 |
|--------------------|---------|-------|
| (City) | (State) | (Zip) |

Explanation of Responses:

- 1. Consists of shares of common stock, par value, \$0.001 per share, of HSON ("Shares").
- 2. Sagard is the direct beneficial owner of the reported Shares. GP and Sagard Management are indirect beneficial owners of such reported Shares. Each of the Reporting Persons disclaims beneficial ownership (as defined in Rule 16a-1(a)(2)) of the securities reported herein except to the extent of its pecuniary interest therein.

Remarks:

This Form 4 is being filed by Sagard Capital Partners, L.P., a Delaware limited partnership ("Sagard"), Sagard Capital Partners GP, Inc., a Delaware corporation ("GP"), and Sagard Capital Partners Management Corp., a Delaware corporation ("Sagard Management," and together with Sagard and GP, the "Reporting Persons"). As a result of direct and indirect securities holdings, Power Corporation of Canada and Mr. Paul G. Desmarais may each be deemed (i) to control the Reporting Persons, although the filing of this Form 4 shall not be construed as an admission that any such control relationship actually exists, and (ii) to beneficially own the securities reported herein. Each of Power Corporation of Canada and Mr. Paul G. Desmarais disclaims beneficial ownership of the securities reported herein except to the extent of its pecuniary interest therein.

/s/ Charles J. Downey III,
Attorney-in-Fact for Sagard
Capital Partners, L.P.
/s/ Charles J. Downey III,
Attorney-in-Fact for Sagard
Capital Partners GP, Inc.
/s/ Charles J. Downey III,
Attorney-in-Fact for Sagard
Capital Partners Management
Corp.
** 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.