Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL 3235-0287 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* Eberwein Jeffrey E.						2. Issuer Name and Ticker or Trading Symbol Hudson Global, Inc. [HSON]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Eberwein Jerney E.															Direc	tor		10% O	wner	
(Last) 53 FORE	(Last) (First) (Middle) 53 FOREST AVENUE, SUITE 102					3. Date of Earliest Transaction (Month/Day/Year) 08/25/2021								X Officer (give title below) Chief Execu				Other (specify below)		
(Street) OLD GREEN	•					4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
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			1 - NO			_			1	DIS	posed of	-			1		_			
[2. Transaction Date (Month/Day/Year)		Exec if an	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)) or 4 and	or 5. Amount of Securities Beneficially Owned Folk Reported		es Form ally (D) o Following (I) (In		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) (D)	or Pr	ice	Transa	ed ction(s) 3 and 4)			(Instr. 4)			
Common Stock				08/25/2021				P ⁽¹⁾		500	A	\$	17.75	168,620			D			
Common Stock				08/26/2021				P ⁽¹⁾		500	A	. \$	17.66	16	59,120		D			
Common Stock				08/27/2021				P ⁽¹⁾		500	A	. \$	17.69	16	169,620		D			
Share Units ⁽²⁾															60	60,677		D		
Share Units ⁽³⁾														27,156			D			
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)	if any	emed ion Date, //Day/Year)	Date, Transa Code (5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirati (Month/	ion Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of rivative curity str. 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)	

Explanation of Responses:

- $1. \ The purchase of the shares reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan entered into by Mr. Eberwein.\\$
- 2. Share Units credited to the Reporting Person's account under the Issuer's 2009 Incentive Stock and Awards Plan, as amended and restated. Each Share Unit is the economic equivalent of one share of Common Stock. Share Units are payable only in Common Stock upon the later to occur of (i) the satisfaction of certain performance vesting conditions and (ii) up to 90 days after the Reporting Person's separation from service.
- 3. Share Units credited to the Reporting Person's account under the Hudson Global, Inc. Director Deferred Share Plan. Each Share Unit is the economic equivalent of one share of Common Stock. Share Units are payable only in Common Stock up to 90 days after a director's separation from service.

/s/ Jeffrey E. Eberwein

08/27/2021

** Signature of Reporting Person

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.