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
Instruction 1(h)

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* GRAY RICHARD S						2. Issuer Name and Ticker or Trading Symbol HUDSON HIGHLAND GROUP INC [HHGP]										Officer (give title				uer ner	
(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 Officer (specify below) VP Marketing & Communications					
(Street) NEW YORK NY 10017					4.1	f Ame	endment, I	Date	of Orig	inal Fi	iled ((Month/Da	Line	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	state)	(Zip)																		
1 Title of	Security (Inc		ole I - Nor	1-Deriv			Curities 2A. Deem		quire	ed, D	isp	osed o				y Owned		6. O ^M	nership	7. Nature	
Date					Day/Year)		Execution Date, if any (Month/Day/Yea		ransaction Code (Instr			on Disposed Of (D) (Inst			Securitie Benefici Owned F	es ally Following	Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership		
								Co	de \	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)		
Common Stock																3,	3,558		D		
Common Stock																5	59.7			By 401(k) ⁽¹⁾	
Common Stock																573.966				By Plan ⁽²⁾	
		-	Table II -				urities .									Owned		,	·		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee 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 Exercis: 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	V (A) (D)		Date Exerc			xpiration ate	Title		Amount or Number of Shares						
Employee Stock Option (right to buy)	\$26.5	01/18/2005			A		40,000		(3)	01	1/18/2015	Com: Sto		40,000	\$0	40,000	0	D		
Employee Stock Option (right to	\$18.33								(-	4)	06	5/25/2013	Comi		9,000		9,000)	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: 25% after 1st anniversary of the date of grant, 50% after 2nd anniversary, 75% after 3rd anniversary, and 100% after 4th anniversary of the date of grant.

Remarks:

By: John K. Wilson, Attorney-

01/18/2005

In-Fact

** 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.