Hudson Glob	al, Inc.											
Form 4												
September 17												
Check this box the state of the state of th							N OMB	3235-0287				
							January 31, 2005 ed average hours per					
(Print or Type R	esponses)											
Sagard Capital Partners, L.P. Symbol				Name and Ticker or Trading Global, Inc. [HSON]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Ch	eck all applic	able)			
325 GREENWICH AVENUE(Month/D 09/14/20				/Day/Year) /2012				Director    X 10% Owner       Officer (give title     Other (specify below)				
				ndment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person				
GREENWICH, CT 06830									More than One Reporting			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	ecurit	ties Aco	quired, Disposed	of, or Benefi	icially Owned		
1.Title of Security (Instr. 3)	2. Transaction 1 (Month/Day/Yo	ear) Executi any		Code (Instr. 8)	on(A) or Dis (D) (Instr. 3, 4	sposed 4 and 4 (A) or	l of 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
COMMON STOCK	09/14/2012			Code V P	Amount 20,000 (1)	(D) A	Price \$ 4.5		Ι	SEE FOOTNOTE (2)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration D (Month/Day/ e	Date Exercisable and biration Date onth/Day/Year)		le and int of rlying ities . 3 and 4)	Derivative I Security S (Instr. 5) I G I I	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## Edgar Filing: Hudson Global, Inc. - Form 4

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh					
	Director	10% Owner	Officer	Other			
Sagard Capital Partners, L.P. 325 GREENWICH AVENUE GREENWICH, CT 06830	5 GREENWICH AVENUE X						
Sagard Capital Partners Management CORP 325 GREENWICH AVENUE GREENWICH, CT 06830							
Sagard Capital Partners GP, Inc. 325 GREENWICH AVENUE GREENWICH, CT 06830							
Signatures							
/s/ Charles J. Downey III, Attorney-in-Fact for	09/17/2012						
<u>**</u> Signature of Repo	Date						
/s/ Charles J. Downey III, Attorney-in-Fact for	09/17/2012						
<u>**</u> Signature of Repo	Date						
/s/ Charles J. Downey III, Attorney-in-Fact for Corp.	or Sagard	Capital Parti	ners Man	agement	09/17/2012		

\*\*Signature of Reporting Person

## **Explanation of Responses:**

- \* 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).
- (1) Consists of shares of common stock, par value, \$0.001 per share, of HSON ("Shares").

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.

Date

## **Remarks:**

This Form 4 is being filed by Sagard Capital Partners, L.P., a Delaware limited partnership ("Sagard"), Sagard Capital Partners, L.P., a Delaware limited partnership ("Sagard"), Sagard Capital Partnership ("Sagard

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.