FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Restricted Stock Unit	(1)	10/04/2017		A		609,137	(-,	(2)	(2)	Co	mmon Stock	609,137	\$0	609,13	37	D		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	on Titl	le	Amount or Number of Shares		(Instr. 4)	ייונא)			
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
								Code	Amou	nt	(A) or (D)	Price	Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date				ansactio	on	2A. Deeme Execution if any (Month/Da	ed Date,	3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (Instr. 8)			Acquire	d (A) or	5. Amoun	Fori	Form (D) or	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
(City)	(S		(Zip)															
(Street) WALTHAM MA 02451		02451	_								Line	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
1601 TRAPELO ROAD, SUITE 170				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Last) (First) (Middle) C/O MODUSLINK GLOBAL SOLUTIONS INC.					3. Date of Earliest Transaction (Month/Day/Year) 10/04/2017								President and CEO					
														give title		Other (s below)		
1. Name and Address of Reporting Person* HENDERSON JAMES R					2. Issuer Name and Ticker or Trading Symbol ModusLink Global Solutions Inc [MLNK]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					

- $1. \ Each \ Restricted \ Stock \ Unit \ represents \ the \ right \ to \ receive, \ at \ settlement, \ one \ share \ of \ common \ stock.$
- 2. One hundred percent (100%) of the RSUs are scheduled to vest on the earlier of (a) the one (1) year anniversary of October 4, 2017, subject to the Reporting Person's continuing employment or services through such date or (b) the Reporting Person's death, disability or involuntary separation from service with the Company other than for cause.

/s/ James R. Henderson 10/06/2017

** 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.