FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APF	PROVAL						
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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 * $\underline{\text{Belardi Louis } J}$			2. Date of Event Requiring Staten Month/Day/Year 06/27/2016	nent	3. Issuer Name and Ticker or Trading Symbol ModusLink Global Solutions Inc [MLNK]							
(Last) C/O MODUS	C/O MODUSLINK GLOBAL SOLUTIONS				Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owner			(Month/Day/Year) er				
	LO ROAD, SU	TITE 170			X	Officer (give title below) CFO and Execut	Other (specify below) ive VP		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
(Street) WALTHAM	MA	02451							Λ		y More than One	
(City)	(State)	(Zip)										
		7	able I - Non	-Derivati	ve Se	curities Beneficial	ly Owned					
1. Title of Securi	ty (Instr. 4)		able I - Non	2.	Amou	ecurities Beneficial nt of Securities ally Owned (Instr. 4)	3. Owners Form: Dire or Indirect (Instr. 5)	nip ct (D)	4. Natı (Instr.		Beneficial Ownership	
1. Title of Securi	ty (Instr. 4)		Table II - D	2. B	Amour eneficia	nt of Securities	3. Ownersl Form: Dire or Indirect (Instr. 5)	nip ct (D) (I)			Beneficial Ownership	
Title of Securi Title of Deriva	,	(e. <u>(</u>	Table II - D	Derivative S, warrantisable and	Amour eneficia e Secu nts, o	nt of Securities ally Owned (Instr. 4) urities Beneficially	3. Owners Form: Dire or Indirect (Instr. 5) Owned securitie	nip ct (D) (I)	sion		Beneficial Ownership 6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Louis J. Belardi</u> <u>07/05/2016</u>

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).