FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burde	en				
l	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).

Instruc	tion 1(b).			File							es Exchanç npany Act o		934		Hours	peries		0.5
1. Name and Address of Reporting Person* <u>CRANE STEVEN G</u>									er or Trad oal <mark>Sol</mark> u		ymbol ns Inc [		eck all applic Directo	10% O			wner	
(Last) (First) (Middle) C/O MODUSLINK GLOBAL SOLUTIONS, INC. 1601 TRAPELO ROAD, SUITE 170							011		action (Mc				helow)		give title Other (specify below)  ief Financial Officer			
(Street) WALTHAM MA 02451					_   4.	If Ame	endment, I	Date o	f Original ∣	Filed	(Month/Day	6. I Lin	e) X Form f Form f	· I				
(City)	(S		(Zip)	n-Deriv	vativ	, Se	curitie	s Δ c (	nuired	Die	nosed o	f or Rei	neficial	ly Owned				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D						n	2A. Deem Execution if any	2A. Deemed Execution Date,		3. 4. Secur Transaction Dispose Code (Instr. 5)		ties Acquired (A) o		5. Amou Securitie Benefici Owned I	nt of es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 10/01							1/2011		F		3,232(	1) D	\$3.4	9 111	,693		D	
Common Stock 10/02/						./2011			F		3,705	2) <b>D</b>	\$3.4	9 107,988			D	
			Table II - I								osed of, onvertib			Owned				
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/Yea	ate,	Code (Inst				6. Date Exercisal Expiration Date (Month/Day/Year		of Securitie		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s dly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisabl		Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to buy) <sup>(3)</sup>	\$3.49	09/30/2011			A		70,600		09/30/2012	(4)	09/30/2018	Common Stock	70,600	\$0	70,60	0	D	

## **Explanation of Responses:**

- 1. Payment of tax liability by delivering securities incident to the vesting of shares of restricted stock on October 1, 2011 in accordance with Rule 16b-3 and a pre-existing 10b5-1 Sales Plan established by the reporting person on June 13, 2011.
- 2. Payment of tax liability by delivering securities incident to the vesting of shares of restricted stock on October 2, 2011 in accordance with Rule 16b-3 and a pre-existing 10b5-1 Sales Plans established by the reporting person on January 6, 2009 and January 5, 2010.
- 3. Annual option grant approved by the Human Resources and Compensation Committee of the Board of Directors on September 21, 2011 and made on September 30, 2011, the third business day after the release of earnings for the fiscal year ended July 31, 2011.
- $4. \ Option \ vests \ and \ becomes \ exercisable \ as \ to \ 25\% \ on \ the \ first \ anniversary \ of \ the \ date \ of \ grant \ and \ the \ remainder \ in \ 36 \ equal \ monthly \ installments.$

/s/ Thomas B. Rosedale (Pursuant to Power of Attorney) 10/04/2011

\*\* 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.