FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
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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

| 1. Name and Address of Reporting Person* McLennan William R | | | | | | 2. Issuer Name and Ticker or Trading Symbol ModusLink Global Solutions Inc [MLNK] | | | | | | | | | Check all ap | | ng Person(s) to I | wner | | |
|---|--|--|------------------------|---------|--|--|---------|-------|--|----------|--------------------|---|---------------|-------|--|--|---|--|--|--|
| (Last) (First) (Middle) C/O MODUSLINK GLOBAL SOLUTIONS, INC. 1100 WINTER STREET, SUITE 4600 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/28/2008 | | | | | | | | | ^ belo | ow) | | Other (specify below) | | |
| (Street) WALTHAM MA 02451 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | efici | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | 3. 4. Securities Acq Transaction Disposed Of (D) (Code (Instr. 8) | | | | | | nd Secu Bene | ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Trans | action(s) . 3 and 4) | | (Instr. 4) | | |
| Common Stock 09/28/ | | | | | 3/2008 | /2008 | | | | | 1,059(1 | 1) | D | \$10 | .36 | 83,777 | D | | | |
| Common Stock 09/28/ | | | | 3/2008 | | | | | | 1,059(1) | | D | \$10 | .36 | 83,777 | D | | | | |
| | 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 | xercise (Month/Day/Year) e of vative | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | of | | 6. Date E Expiratio (Month/D | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | of | | | | | | | |

Explanation of Responses:

1. Payment of tax liability by delivering securities incident to the vesting of shares of restricted stock on September 28, 2008 in accordance with Rule 16b-3 and a pre-existing Rule 10b5-1 Sales Plan established by the reporting person on October 3, 2007.

/s/ Thomas B. Rosedale (Pursuant to Power of

09/30/2008

Attorney)

** 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.