FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| | Washington | i, D.C. 20549 | |
|------------------|------------|---------------|------------------|
| | | | |
| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |

| OMB APF | OMB APPROVAL | | | | | | | | | | |
|-------------|--------------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | | |
| l – | | | | | | | | | | | |

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

| | | | | | | | 00() (| | invesiment C | ompany 7 tot | 01 10-10 | | | | | | | |
|--|----------|------------------|--|--|---|--|---------|---|--|---|--|---|--|--|-------------|--|--|-----------|
| 1. Name and Address of Reporting Person* YOUNG SHIRLEY | | | | 2. Issuer Name and Ticker or Trading Symbol TELETECH HOLDINGS INC [TTEC] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| YOUN | G SHIR | LE Y | | | | | | | | | | | X | Directo | or | | 10% Ow | ner |
| (Last) C/O TEI | ` | First) | (Middle) | | | Date of /21/20 | | t Tran | saction (Mon | th/Day/Year) | | | | Officer below) | (give title | | Other (s below) | pecify |
| 9197 S. I | PEORIA S | TREET | | | - | | | | | | | | | | | | | |
| | | | | | 4. 11 | f Amer | ndment, | Date | of Original Fi | ed (Month/D | ay/Year) | | . Indiv ine) | idual or . | Joint/Group | Filin | g (Check App | olicable |
| (Street) | | | | | | | | | | | | | X | Form f | iled by One | Rep | orting Persor | า |
| ENGLE | WOOD (| CO | 80012 | | | | | | | | | | | Form f Persor | | e thar | one Repor | ting |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative | Sec | uritie | s Ac | quired, D | isposed (| of, or Be | nefici | ally | Owned | ı | | | |
| =: : o: coou (c o) | | | Date (Month/Day/Year) | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year | | e, Transaction Dispose Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | nd | Securitie Benefici Owned F | ecurities eneficially wned Following | | : Direct c r Indirect E str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code V | Amount | (A) o | Price | , | Reported Transact (Instr. 3 | tion(s) | | | Instr. 4) |
| | | - | | | | | | | uired, Dis s, options | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security | | Execution if any | xecution Date, any | | 4. Transaction Code (Instr. 8) | | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Price of erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amoun or Numbe of Shares | r | | | | | |
| Restricted | \$0 | 05/21/2009 | | | Δ | | 7 115 | | (1) | 03/15/2011 | Common | 7 115 | | 0.2 | 7 115 | | D | |

Explanation of Responses:

1. The restricted stock unit vests in full on the earlier of: (i) the first anniversary of the date of grant; (ii) the date of the succeeding year's annual meeting of stockholders; or (iii) any change-in-control event (as defined in the RSU agreement).

> /s/ J. David Hershberger, as attorney-in-fact for Shirley

05/22/2009

Young

** 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.