## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasi	iington,	D.C.	20549

STATEMENT	OF C	HANGES	IN BENEFI	CIAL	OWNERS	HIP

OMB APPROVAL OMB Number: 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*  SAWHNEY MOHANBIR S						2. Issuer Name <b>and</b> Ticker or Trading Symbol ExlService Holdings, Inc. [ EXLS ]								5. Relationship of Reporting Perso (Check all applicable)  X Director			10% Ov	vner
(Last) 280 PAR	(Fi		Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2013							Officer (give title below)			Other (specify below)		
(Street) NEW Y(			10017 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	e) X Form	or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transa Date (Month/D.					Execution Date,			Code	Transaction Disposed Of (D) (Instr. 3, 4						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	r Price	Transac (Instr. 3	tion(s)			(54.)
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)	/e Conversion Date Execution Date, Tr or Exercise (Month/Day/Year) if any Co		Transa Code (l	ransaction of I ode (Instr. Derivative (			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 derivative Securities Beneficiall Owned Following Reported Transactio (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 Exercisab		xpiration ate	Title	Amount or Number of Shares					
Stock Options (right to buy) <sup>(1)</sup>	\$26.755	01/02/2013			A		1,865		(2)		(3)	Common Stock, par value \$0.001 per share	1,865	(4)	1,865		D	

## **Explanation of Responses:**

- 1. On January 2, 2012, ExlService Holdings, Inc. (the "Company") issued options (the "Options") to purchase shares of its common stock, par value \$0.001 per share (the "Option Shares"), to certain of its directors in accordance with the Company's compensation program for non-employee directors.
- 2. The Options were granted pursuant to the terms and conditions of the Company's 2006 Omnibus Award Plan and the Company's compensation program for non-employee directors. Subject to the following sentence, and subject to the reporting person's continued service with the Company, the Options shall become vested and exercisable as to 100% of the Option Shares subject thereto on December 31 of the year of grant. In the event of death or disability of the reporting person after the date of grant but prior to the vesting date specified in the preceding sentence, then the Options shall vest pro rata up to the date of
- 3. The Options shall expire at the end of the period commencing on the date of grant and ending at 11:59 p.m. Eastern Time on the day preceding the tenth anniversary of the date of grant. In the event of death or disability of the reporting person, any portion of the Options that does not vest as set forth in footnote (2) above shall immediately expire.
- 4. Not applicable.

## Remarks:

Mr. Oseni is the Company's Head of Administration and Accounts.

/s/ Lazbart Oseni, Attorney-in-01/04/2013 Fact

\*\* 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.