FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | | | | | UI S | Secul | JII 30(II) | or trie i | nivesunei | it Coi | прапу Аст | 01 194 | 10 | | | | | | | | |
|--|---|--|--|-----------------------------|--|--|---|-----------|--------------------------------------|--------|---|---------------|--|--|---|---|------------------------------------|--|--|--|--|
| 1. Name and Address of Reporting Person* GRUBER STEVEN B | | | | | | 2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [EXLS] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| GRUBI | ER SIEV | <u>EN B</u> | | | | | | | | | , | | | | X | Direc | ctor | wner | | | |
| (Last) 280 PAR | Last) (First) (Middle) 280 PARK AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2012 | | | | | | | | | | Officer (give title below) | | | Other (specify below) | | |
| (Street) NEW YORK NY 10017 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | |
| (City) | | | Zip) | | | | | | | | | | orm filed by More than One Reporting erson | | | | | | | | |
| (City) | (50 | aie) (| <u></u> | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Ben | efici | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ar) E | execution and the second secon | a. Deemed ecution Date, any onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | 4 and S | | 5. Amount of Securities Beneficially Owned Following Reported | | ership Direct ndirect r. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | | (111501.4) | | |
| Common | Stock | . 05/22/2012 J ⁽¹⁾ 137,100 | | | | A | \$ | 0 | 137,100 | | I |) | | | | | | | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, Transact Code (Ins | | | | | 6. Date E Expiratio (Month/D | е | Amount of | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dire or I (I) (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nur of | nber | | | | | | | |

Explanation of Responses:

1. The reporting person received the 137,100 shares as part of pro rata distributions from Oak Hill Capital Partners, L.P., Oak Hill Capital Management Partners, L.P. and certain related entities (collectively, the "Distribution"). No consideration was paid in connection with the Distribution.

/s/ Steven B. Gruber

05/23/2012

** 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.