FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| l | Estimated average burden | | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | | |

| | Check this box if no longer subject |
|---------------|-------------------------------------|
| $\overline{}$ | to Section 16. Form 4 or Form 5 |
| \cup | obligations may continue. See |
| | Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | . , | | | | | | | | | | | | |
|---|---|-------|----------|-------------|--|---|--|---------------------|------------------|--------------------|--|--|---|--|--|----------------|--|---|----------|
| Name and Address of Reporting Person* Nicolelli Maurizio | | | | | 2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [EXLS] | | | | | | | | (| 5. Rela | ntionship of Reporti all applicable) Director | | 10% Ov | | wner |
| (Last) EXLSEF | st) (First) (Middle) LSERVICE HOLDINGS INC | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2023 | | | | | | | | | Officer (give title below) Executive Vice | | Other (s below) President & Cl | | |
| 320 PARK AVENUE, 29TH FLOOR | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applic Line) | | | | | |
| (Street) NEW YORK NY 10022 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | | | | | | | saction was r ions of Rule 1 | | | | | truction or wr | itten pla | an that is int | ended to |
| | | Table | I - No | n-Deriva | tive S | ecur | ities | Acc | uired, | Dis | posed of | f, or E | Benefi | cially | y Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Note) | | | | | Execution | | | | | | es Acquired (A) Of (D) (Instr. 3, | | | Securi Benefi Owned Follow | 5. Amount of Securities Beneficially Owned Following | | : Direct r ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | | |
| Common Stock, par value \$0.001 per share 06/30/20 | | | | | |)23 | | | A ⁽¹⁾ | | 144 | A | \$13 | 5.95 | 16,526 | | | D | |
| | | Tab | ole II - | Derivativ | | | | | | | osed of, convertib | | | | Owne | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | titve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | ution Date, | 4. Transaction Code (Instr. 8) S. Numbe of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5) | | rative rities ired r osed) | | | | 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) | y G | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownershi (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. The reporting person is voluntarily reporting the exempt acquisition of shares of ExlService Holdings, Inc.'s common stock pursuant to the ExlService Holdings, Inc. 2022 Employee Stock Purchase

Remarks:

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

/s/ Lazbart Oseni, Attorneyin-Fact

07/20/2023

** 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.