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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| 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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

| Estimated average burden | 0.5 | iours per response: | L | | | | | | | |
|--------------------------|-----|--------------------------|---|--|--|--|--|--|--|--|
| GMB Number: 3233-020 | | Estimated average burden | | | | | | | | |

| 1. Name and Addre BAGAI PAV | | g Person [*] | 2. Issuer Name and Ticker or Trading Symbol <u>ExlService Holdings, Inc.</u> [EXLS] | (Check | tionship of Reporting Per all applicable) Director | 10% Owner | | |
|---|-----------------|-----------------------|---|-------------------|--|--|--|--|
| (Last) 350 PARK AVE | (First) ENUE | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 10/16/2007 | | Officer (give title below) VP, Head of BPO Op | Other (specify below) os EXL India | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | 6. Individual or Joint/Group Filing (Check Applicat Line) | | | |
| NEW YORK NY 10022 (City) (State) (Zip) | | 10022 | | X | Form filed by One Rep | orting Person | | |
| | | (Zip) | | | Form filed by More than One Reporting Person | | | |
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Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|--|---|---|---|--------|---------------|--------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock, par value \$0.001 per share | 10/16/2007 | | S ⁽¹⁾ | | 20,000 | D | \$26.5 | 199,210 | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|----------------------------------|--|---------------------|---|-----------------------|---|--|--|--|
| | | | | | | of (D) (Instr. 3, 4 and 5) | | | | | | Transaction(s) (Instr. 4) | | |
| | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

1. This sale was made pursuant to a 10b5-1 plan previously entered into by the reporting person.

Remarks:

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

/s/ Lazbart Oseni, Attorney-in-Fact 10/17/2007

** 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.