SEC Form 4

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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 AP	PROVAL
MB Number:	3235-028

OMB Number:	3235-0287
Estimated average bur	den
hours per response:	0.5

1. Name and Address of Reporting Person* Shashank Amit			2. Issuer Name and Ticker or Trading Symbol <u>ExlService Holdings, Inc.</u> [EXLS]	(Check	ationship of Reporting Pe < all applicable) Director Officer (give title	rson(s) to Issuer 10% Owner Other (specify
(Last) (First) (Middle) C/O EXLSERVICE HOLDINGS, INC. 350 PARK AVENUE		()	3. Date of Earliest Transaction (Month/Day/Year) 11/23/2009		below) VP & Gen. Counse	below)
(Street) NEW YORK (City)	NY (State)	10022 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	vidual or Joint/Group Filir Form filed by One Rej Form filed by More tha Person	porting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Of (D) (Instr. 3, 4 and 5) Code (Instr.			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	V Amount (A) or Price		Transaction(s) (Instr. 3 and 4)		(1150.4)			
Common Stock, par value \$0.001 per share	11/23/2009		M ⁽¹⁾		12,000	A	\$13.5	29,207	D		
Common Stock, par value \$0.001 per share	11/23/2009		S ⁽²⁾		8,847	D	\$16.95	20,360	D		
Common Stock, par value \$0.001 per share	11/23/2009		S ⁽²⁾		3,300	D	\$16.955	17,060	D		
Common Stock, par value \$0.001 per share	11/23/2009		S ⁽²⁾		2,937	D	\$16.96	14,123	D		
Common Stock, par value \$0.001 per share	11/23/2009		S ⁽²⁾		416	D	\$16.97	13,707	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)		of Deri Sec Acq (A) o Disp of (I	umber vative urities uired or oosed D) (Instr. and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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	Amount or Number of Shares						
Employee Stock Options (right to buy)	\$13.5	11/23/2009		M ⁽¹⁾			12,000	(3)	10/18/2016	Common Stock, par value \$0.001 per share	12,000	\$0.00	8,000	D			

Explanation of Responses:

1. On November 23, 2009, the reporting person exercised previously issued options to purchase an aggregate of 12,000 shares of common stock of ExlService Holdings, Inc.

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

3. 12,000 of these options are currently vested and the remaining 8,000 of these options vest on October 19, 2010.

Remarks:

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

/s/ Lazbart Oseni, Attorney-in-

Fact

11/24/2009

** 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.