### 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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*     Nacha Krishna						2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [ EXLS ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director				vner
(Last) (First) (Middle) 280 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 01/03/2011								X Officer (give title Other (specify below)  VP & Head of Sales & Marketing				
(Street) NEW YORK NY 10017 (City) (State) (Zip)					-   4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)								ndividual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	4:	ive Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					ction	on 2A. Deemed Execution Date,			3. Transa Code ( 8)	ction	4. Securitie	Securities Acquired (A) or isposed Of (D) (Instr. 3, 4 ar			5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Tran	rted saction(s) : 3 and 4)			(Instr. 4)
Common Stock, par value \$0.001 per share 01/03/20							11				1,800	A	\$8.87	5	1,800	D		
Common Stock, par value \$0.001 per share 01/03/20						11			S <sup>(2)</sup>		1,800	D	\$21.82	5(3)	0	D		
		Т	able II								posed of, converti			y Owne	d			
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 Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5)		e s ally g	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Options (right to	\$8.875	01/03/2011			M <sup>(1)</sup>			1,800	(4)		02/10/2019	Common Stock, par value \$0.001	1,800	\$0	41,20	00	D	

# Explanation of Responses:

- 1. On January 3, 2011, the reporting person exercised previously issued options to purchase an aggregate of 1,800 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. This transaction was executed in multiple trades at prices ranging from \$21.62 to \$22.00 per share. The price reported above reflects the weighted average purchase price on the date indicated. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.
- 4. 2,500 of these options are currently vested and exercisable; additional 8,600 options will vest on February 10, 2011, additional 12,900 options will vest on February 10, 2012, and the remaining 17,200 will vest on February 10, 2013.

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

/s/ Lazbart Oseni, Attorney-in-01/05/2011 **Fact** 

\*\* Signature of Reporting Person

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.