# 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*     Shashank Amit						2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [ EXLS ]									II applion Director Officer	cable) or (give title	g Pers	son(s) to Iss 10% Ov Other (s	wner
(Last) (First) (Middle) C/O EXLSERVICE HOLDINGS, INC. 350 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 12/01/2009									X Officer (give title Officer (specify below)  VP & Gen. Counsel/Corp. Sec'y					
(Street) NEW Y(			10022 (Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									dual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(Oity)	(0			n-Deriv	rative		curit	ies Ac	auired	Die	nosed (	of or Re	nofici	ally O	wnec	1			
1. Title of Security (Instr. 3) 2. Trai				2. Transa Date	saction		2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			5. Amour and 5) Securitie Beneficia		int of es ally Following	Form (D) o	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									v	Amount	Amount (A) or (D)		т	Transaction(s) (Instr. 3 and 4)				,,	
Common	Common Stock, par value \$0.001 per share			12/01	2/01/2009				M <sup>(1)</sup>		1,000	A	\$11.	11.875 14		,707		D	
Common	Stock, par	value \$0.001 per	r share	12/01	/2009				S <sup>(2)</sup>		3,335	D	\$17	\$17.25		1,372		D	
Common	Common Stock, par value \$0.001 per share			12/02	2/2009				S <sup>(2)</sup>		1,152 D		\$17	.25	10,220			D	
Common Stock, par value \$0.001 per share			12/02	2/2009				S <sup>(2)</sup>		13	D	\$17	.27	10,207			D		
		Т	able II -								osed of converti				ned				
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. Transaction Code (Instr. 8)		on of E		6. Date Exercisa Expiration Date (Month/Day/Yea		Amount Securitie Underlyi		of s ng e Security	Deri Secu (Inst		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Ow Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisal		Expiration Date	Title	Amoun or Numbe of Shares						
Employee Stock Options (right to buy)	\$11.875	12/01/2009			M <sup>(1)</sup>			1,000	(3)		04/19/2016	Common Stock, par value \$0.001 per share	1,000	:	<b>\$</b> 0	8,000		D	

# **Explanation of Responses:**

- 1. On December 1, 2009, the reporting person exercised previously issued options to purchase an aggregate of 1,000 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. 5,000 of these options are currently vested and the remaining 4,000 of these options vest on April 20, 2010.

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

/s/ Lazbart Oseni, Attorney-in-12/03/2009

Fact

\*\* 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.