FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

	Washington, D.C. 20049	OMB APPR	OMB APPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	OTATEMENT OF OTTAINOES IN BEITE TOTAL OWNERORM	Estimated average burden			
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5		
	or Section 30(h) of the Investment Company Act of 1940				

1. Name and Address of Reporting Person* <u>STAGLIN GAREN K</u>						2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [ EXLS ]									ck all applic	tionship of Reporting F all applicable) Director		son(s) to Iss 10% Ov	
(Last) 350 PAR	(F K AVENU	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)  Officer (give title below)  Other (s below)									specify					
(Street) NEW Y(			10022 (Zip)		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc Line)	Form fi	or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson					
			ole I - Nor	n-Deri	vativ	e Se	curities	s Ac	quired, I	Dis	posed c	of, or Be	nef	iciall	y Owned				
1. Title of Security (Instr. 3)  2. Trans. Date (Month/I				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acc Disposed Of (D) 5)			ties Acquir d Of (D) (Ins	ed (A str. 3,	A) or , 4 and	5. Amour Securitie Beneficia Owned F	s ally following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) o (D)	r F	Price	Transact (Instr. 3 a	tion(s)			(Instr. 4)		
		-	Table II -						uired, Di , option						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution D if any (Month/Day)	Date, Ti	4. Transa Code ( 8)		ı of		6. Date Exc Expiration (Month/Dat	Date	of Securities		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial ) Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	or Nui of	nount mber ares					
Stock Options (right to	\$8.505	01/02/2009			A		16,892		(2)		(3)	Common Stock, par value \$0.001	16	5,892	(4)	16,89	2	D	

## Explanation of Responses:

- 1. On January 2, 2009, ExlService Holdings, Inc. (the "Company") issued options (the "Options") to purchase shares of its common stock, par value \$0.001 per share (the "Option Shares"), to certain of its directors in accordance with the Company's compensation program for non-employee directors.
- 2. The Options were granted pursuant to the terms and conditions of the Company's 2006 Omnibus Award Plan and the Company's compensation program for non-employee directors. Subject to the following sentence, and subject to the reporting person's continued service with the Company, the Options shall become vested and exercisable as to 100% of the Option Shares subject thereto on December 31 of the year of grant. In the event of death or disability of the reporting person after the date of grant but prior to the vesting date specified in the preceding sentence, then the Options shall vest pro rata up to the date of such
- 3. The Options shall expire at the end of the period commencing on the date of grant and ending at 11:59 p.m. Eastern Time on the day preceding the tenth anniversary of the date of grant. In the event of death or disability of the reporting person, any portion of the Options that does not vest as set forth in footnote (2) above shall immediately expire.
- 4. Not applicable.

## Remarks:

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

/s/ Lazbart Oseni, Attorney-in-Fact 01/06/2009

\*\* 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.