FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20049 |
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| OMB APP | ROVAL |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

hours per response: 0.5

| 1. Name and Address of Reporting Person* SAWHNEY MOHANBIR S | | | | | | 2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [EXLS] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|---|----------------|--|-------------------------------|---|-------|----------|--|--|-----------|---|--|---|--|---|---|---------------------------------------|--|
| (Last) | | irst) (| (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/08/2011 | | | | | | | | X Director Officer (give title below) | | | 10% Owner Other (specify below) | | |
| (Street) NEW YO | | | 10017 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ne) X Forn Forn | fual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Da | | | Code (In | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | str. 3, 4 an | d Securi Benefi | cially I Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Transa (Instr. | ction(s) 3 and 4) | | | ` , | |
| | | Т | | | | | | | uired, Dis s, options | | | | | y Owned | I | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | xercise (Month/Day/Year) if any (Month/Day/Year) vative | | | 4. Transa Code (I 8) | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ownersl Form: Direct (E or Indire (I) (Instr. | Ownership | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | opiration | Title | Amount or Number of Shares | | | | | | |
| Restricted Stock | \$0 | 11/08/2011 | | | A | | 4,000 | | (1) | | (1) | Common Stock, par value \$0.001 per share | 4,000 | \$0 | 24,00 | 0 | D | | |

Explanation of Responses:

1. The restricted stock vests upon the earlier of (i) the first anniversary of the date of grant, (ii) the end of the reporting person's term on the Board of Directors of ExlService Holdings, Inc. (the "Board") if such person is not subsequently elected to a new term on the Board, and (iii) the occurrence of a "Change in Control", as defined in the ExlService Holdings, Inc. 2006 Omnibus Award Plan (the "2006 Plan"), and such awards settle upon the earlier of (i) the reporting person's death, (ii) the occurrence of a "Change of Control", as defined in the 2006 Plan and (iii) 180 days following the end of the reporting person's term on the Board.

Remarks:

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

/s/ Lazbart Oseni, Attorney-in-Fact

** Signature of Reporting Person

11/09/2011

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.