FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |
| Estimated average b | ourden | | | | | | | |

0.5

hours per response:

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

| 1. Name and Address of Reporting Person* BAGAI PAVAN | | | | | | 2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [EXLS] | | | | | | | | | Check all a | | g Person(s) to Issuer 10% Owner Other (specify | |
|---|---|-------------|------------------|---|---|--|---|--------|--------------------------------------|--|---|-------|---|--|---|---|---|--|
| (Last) (First) (Middle) 350 PARK AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/17/2008 | | | | | | | | | | ow) | | below) | |
| (Street) NEW YC | | Y State) | 10022 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Та | ble I - No | n-Deri\ | ative/ | Se | curitie | es Acc | quired, | Dis | posed o | f, or | Bene | efici | ally Ow | ned | | |
| Date | | | | Date | te E onth/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | nd Sec Ben Owr | mount of urities eficially ed Following orted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | 1) | A) or D) | Price | Trai | saction(s) r. 3 and 4) | | (111501.4) |
| Common Stock, par value \$0.001 per share 09/17 | | | | | 7/2008 | /2008 | | | J ⁽¹⁾ | | 60,00 | 0 | D | (1 | 1) | 123,710 | D | |
| Common Stock, par value \$0.001 per share 0 | | | | 09/1 | 09/17/2008 | | | | J ⁽²⁾ | | 60,00 | 0 | D | (2 | 2) | 63,710 | D | |
| | | | Table II - I | | | | | | | | sed of, onvertib | | | | y Owne | d | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | Execution if any | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivativ Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | | | Date Exercisa | Date E Exercisable [| | Title | or | ount nber res | | | | |

Explanation of Responses:

- 1. Pursuant to a domestic relations settlement effected under the laws of India, these shares of common stock, par value \$0.001 per share, of ExlService Holdings, Inc. were transferred to a trust established for the benefit of the Reporting Person's children. The Reporting Person does not have investment control over the securities held by the trust.
- 2. Pursuant to a domestic relations settlement effected under the laws of India, these shares of common stock, par value \$0.001 per share, of ExlService Holdings, Inc. were transferred to the Reporting Person's former spouse.

Remarks:

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

/s/ Lazbart Oseni, Attorney-in-Fact 09/19/2008

** Signature of Reporting Person Dat

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.