FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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ton, D.C. 20549	OMB APPRO

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

OMB APF	PROVAL								
OMB Number: 3235-0287									
Estimated average burden									
hours per response	e: 0.5								

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-
1(c) See Instruction 10

4 Name or	ad A dduaaa	of Dom	norting Dorson*			2 199	suer Na	me ar	nd Tic	ker or T	rading	Symbol			5 Rela	tionshir	of Reportin	na Pei	rson(s) to Is	suer
1. Name and Address of Reporting Person' STUDENMUND JAYNIE M					2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [EXLS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
STUDENMUND JAYNIE M													✓ Direct		tor		10% Ov	vner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								Office below	er (give title v)		Other (s	specify		
320 PAR	K AVEN	UE				11/17/2027														
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)															Line)					
NEW YO	ORK 1	NY	10	0022											1	Form filed by One Reporting Person				
-															Form filed by More than One Reporting Person					
(City)	((State)	(Z	ip)																
			Table	I - No	on-Deriva	tive S	Secu	rities	Acc	uired	I. Dis	posed of	or B	enefic	cially	Own	ed			
1 Title of 9	Socurity (l	netr 2)			2. Transacti		2A. De			3.	,	4. Securities	-			5. Amo		6.0	wnership	7. Nature
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/						Execution Date,		Transaction Code (Instr. 8) Disposed Of (D) (Instr. 3, 4				and 5) Secur Benef		ities Fo		n: Direct or Indirect	of Indirect Beneficial Ownership			
					Code			v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3		ction(s)	tion(s)		(Instr. 4)			
Common Stock, par value \$0.001 per share)24		S		3,645	D	\$44.	05(1)	5(1) 14,580(2)			D				
			Tab	ole II	- Derivati	ve Se	curit	ies A	Acar	ired.	Disp	osed of,	or Bei	nefici	ally (Owne	 d		<u>'</u>	
												convertib								
1. Title of Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed	Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indirec Beneficia Ownersh (Instr. 4)			
						Code		(A)	(D)	Date	iooblo	Expiration		Amoun or Number of	r					

- 1. This transaction was executed in multiple trades at prices ranging from \$44.02 to \$44.11 per share. The price reported above reflects the weighted average sales 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.
- 2. The reported number of shares has been adjusted to reflect the impact of the 5-for-1 forward stock split effective August 1, 2023.

Remarks:

Mr. Ayyappan is the Company's General Counsel.

/s/ Ajay Ayyappan, Attorneyin-Fact

11/21/2024

** 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.