FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

wasnington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

					or S	Section	on 30(h)	of the	Investr	nent C	compan	y Act	of 19	940								
1. Name and Address of Reporting Person* STAGLIN GAREN K					2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [EXLS]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
					1											X	Directo	r		10% Ov	vner	
(Last) (First) (Middle) C/O EXLSERVICE HOLDINGS, INC. 280 PARK AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 05/31/2010												Officer (give title below)			Other (s below)	specify		
200 PAN	IN AVEINU	Ŀ			4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable							
(Street) NEW Y	ORK N	Y	10017												Lin	ie) X		iled by Mo		orting Person One Repo		
(City)	(S	tate)	(Zip)																			
		Tab	le I - Noi	n-Deriva	ative	Sec	curitie	s Ac	quire	d, Di	ispos	ed c	of, o	r Ber	neficia	lly C	wned	l				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date			Cod	Transaction Disposed Of (D) (Instr. 3 Code (Instr. 5)			d (A) or r. 3, 4 an	4 and Secur Bene Owne		urities Formation Formation Following (I)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
								Cod	de V	Am	Amount (A) or (D)			Price	- 1	Reported Transaction(s) (Instr. 3 and 4)				(111501.4)		
		Т	able II -	Derivat (e.g., pı												y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		i. Fransaction Code (Instr. 3)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Security	Der Sec	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly control (i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code.	V	(A)	(D)	Date Exercise	ahla	Expira Date	ition	Title		Amount or Number of Shares							

Explanation of Responses:

(1)

1. 1-for-1

Restricted

Stock

2. The restricted stock vests upon the earlier of (i) May 31, 2011 (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

4 000

(2)

3. Not applicable.

Remarks:

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

05/31/2010

/s/ Lazb<u>art Oseni, Attorney-in-</u>

4,000

(3)

Fact

Common Stock,

par value \$0.001

per share

(2)

** Signature of Reporting Person

06/01/2010

Date

20,000

D

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).

Α

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.