FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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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

1. Name and Address of Reporting Person* STUDENMUND JAYNIE M						2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [EXLS]								(Ch	elationship eck all appli X Directo	,				
(Last) 320 PAR	(Fi	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/15/2020								Officer (give title below)			Other (specify below)				
(Street) NEW YO		tate) (10022 (Zip)									(Month/D			Line	Form f Form f Persor	iled by One iled by Mor	e Repo	g (Check Ap orting Perso n One Repo	n
1. Title of Security (Instr. 3) 2. Tr			2. Trans Date	action 2A. Deemed Execution Date, if any (Month/Day/Year)		<u>.</u> ,,	3. 4. Secu Transaction Dispos Code (Instr. 5)		4. Secur Dispose	of, or Benefic rities Acquired (A) ed Of (D) (Instr. 3,		(A) or	5. Amou Securitie Benefici Owned I Reporte	int of 6. (es Fo (D) Following (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Code	v	Amount	(A) or (D)		Price	Transac (Instr. 3	tion(s) and 4)			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	te Execution Date, Tonth/Day/Year) if any C			ransaction of ode (Instr. Derivative			Exp	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)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisable		opiration ate	Title	or Nu of	umber					
Restricted Stock Units	(1)	06/15/2020			A		2,363			(2)		(2)	Commo Stock, par valu \$0.001 per shar	e 2	2,363	\$0	5,399		D	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of the Company's common stock upon settlement.
- 2. The restricted stock units vest upon the earlier of (i) the first anniversary of the date of grant, (ii) the date on which the reporting person's term as a member of the Board of Directors of ExlService Holdings, Omnibus Incentive Plan (the "Plan"), and such awards settle upon the earlier of (i) the reporting person's death, (ii) the occurrence of a "Change in Control", as defined in the ExIService Holdings, Inc. 2018 Omnibus Incentive Plan (the "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 Plan and (iii) the date that is 180 days following the date on which the reporting person ceases to serve as a member of the Board for any reason other than due to such reporting person's death or, if later, the date of the reporting person's separation from service.

Remarks:

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

06/17/2020

** 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.