FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

	L. Name and Address of Reporting Person*  OSTLER CLYDE W						2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [ EXLS ]								of Reportin cable) or	•		
(Last) (First) (Middle) 280 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 11/02/2017								Office below	r (give title )		Other (s below)	pecify
(Street) NEW YORK NY 10017				_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								e) X Form Form					
(City)	(S		(Zip)															
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			action	tion 2A. Deemed Execution Date,			3. Transac	ction	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reporte Transa (Instr. 3	ction(s)			(Instr. 4)	
Common Stock, par value \$0.001 per share 11/02/				2/2017	017			M <sup>(1)</sup>		10,020	A	\$23.8	7 10	),020	020			
Common Stock, par value \$0.001 per share 11/02/			2/2017	:017		<b>S</b> <sup>(2)</sup>		6,936	D	\$61.44	(3) 3	084		D				
		-	Table II -								osed of, converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Executior if any (Month/Da	Date,	4. Transa Code ( 8)		of		6. Date Exercis Expiration Date (Month/Day/Ye		te	7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Employee Stock Options (right to buy)	\$23.87	11/02/2017			M <sup>(1)</sup>			10,020	(4)		12/06/2017	Common Stock, par value \$0.001 per share	10,020	\$0	13,06	4	D	

## **Explanation of Responses:**

- 1. On November 2, 2017, the reporting person exercised previously issued options to purchase an aggregate of 10,020 shares of common stock of ExlService Holdings, Inc.
- 2. This sale was made pursuant to a 10b5-1 plan previously entered into by the reporting person.
- 3. This transaction was executed in multiple trades at prices ranging from \$61.37 to \$61.55 per share. The price reported above reflects the weighted average purchase 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 and prices at which the transactions were effected.
- 4. On December 6, 2007, the reporting person was granted 30,000 stock options. 25 percent of these options became vested and exercisable on December 6, 2008, an additional 25 percent became vested and exercisable on December 6, 2010, and the balance of 25 percent became vested and exercisable on December 6, 2011.

## Remarks:

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

/s/ Lazbart Oseni, Attorney-in-11/06/2017 **Fact** 

\*\* 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.