FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APF	PROVAL
	OMB Number:	3235-0287
	OMB Number: Estimated average bure	burden
- 1	ha nas saananaa	. 0.5

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

					0	Occur	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1) 01 1110	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Council		ірапу Асі	01 10-10									
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [EXLS]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
OSTLER CLYDE W												-				X Director		10% Owner		vner		
(Last) (First) (Middle) 320 PARK AVENUE, 29TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 12/03/2020										Officer (give title Other (specif below) below)				specify		
320 PAR	K AVENU.																					
			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)																,	filed by One	Reno	ortina Perso	n		
NEW YO	ORK N	Y :	10022														Form filed by One Reporting Person Form filed by More than One Reporting					
																Perso		0 111011		9		
(City)	(S	tate)	(Zip)																			
		Tab	le I - No	n-Deriv	ative	Se	curit	ies Ac	cqu	ired, I	Disp	osed c	of, or	Bene	ficial	ly Owne	t					
Date				2. Transa Date (Month/I		Execution Date		Code (I								es ially Following	Form (D) o	n: Direct r Indirect I nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	Amount (A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)								
Common Stock, par value \$0.001 per share 12/03/						!0			M ⁽¹⁾		2,278 A		\$21.5	21,840			D					
Common Stock, par value \$0.001 per share 12/03/					3/2020	2020		\neg	S ⁽²⁾		2,278 D \$		\$84.0	9 19,562			D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
				(e.g., p	uts,	call	s, wa	rrants	s, o	ption	s, c	onverti	ble s	ecurit	ies)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,		ansaction ode (Instr.		of E		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	te ercisable		xpiration ate	Title	or No of	ımber							
Employee Stock Options (right to	\$21.5	12/03/2020			M ⁽¹⁾			2,278		(3)	0:	1/03/2021	Comm Stock par va \$0.00	c, lue 2	,278	\$0	4,980		D			

Explanation of Responses:

- $1. \ On \ December \ 3, 2020, the \ reporting \ person \ exercised \ previously \ issued \ options \ to \ purchase \ an \ aggregate \ of \ 2,278 \ shares \ of \ common \ stock \ of \ ExlService \ Holdings, \ Inc.$
- 2. This sale was made pursuant to a 10b5-1 plan previously entered into by the reporting person.
- 3. On January 3, 2011, the reporting person was granted 7,258 stock options. 100 percent of these options became vested and exercisable on December 31, 2011.

Remarks:

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

/s/ Lazbart Oseni, Attorney-in-Fact

12/07/2020

** 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.