## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 2	)549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:			
	Estimated average burd			
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:			
The pursuant to Section 10(a) of the Securities Exchange Act of 1934	1			

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

or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  STAGLIN GAREN K					2. Issuer Name <b>and</b> Ticker or Trading Symbol ExlService Holdings, Inc. [ EXLS ]										ck all appli	cable)	ıg Per	son(s) to Iss	
(Last) 320 PAR	(F K AVENU		(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/17/2019								Officer below)	(give title		Other (sbelow)	specify	
(Street)  NEW Y(			10022 (Zip)		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	Form	dual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
Date (Month/Day/Year) if a			2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired Disposed Of (D) (Instr. 5)			ired (A)	or	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
		Т							uired, Di			, or Be	A) or Price Transaction(s) (Instr. 3 and 4)					(,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(e.g., )  3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		d Date,	4. Transaction of De Code (Instr. 8) Se Ac (A) Dis of (Instr. 8)			5. Number 6. of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)			nd of es ng re Secu	8. Price of Derivative Security (Instr. 5)		ve derivative Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Num of Shar	ber					
Restricted Stock Units	(1)	06/17/2019			A		1,796		(2)		(2)	Commor Stock, par value \$0.001 per share	1,7	96	\$0	52,841	L	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, Inc. (the "Board") expires if the reporting 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. 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

/s/ Lazbart Oseni, Attorney-in-06/19/2019 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.