FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES IN	N 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

1. Name and Address of Reporting Person* <u>Kapoor Rohit</u>					2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [EXLS]										k all app Direc	ctor		rson(s) to I:		
(Last) (First) (Middle) 280 PARK AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 11/02/2015									X	belov				(specify)		
(Street) NEW YC			10017 Zip)		4. If A	meno	dment,	Date o	f Origina	l Filed	(Month/Da	ıy/Yea	ur)		. Ind ine) X	Form	r Joint/Groun In filed by Or In filed by Mo In on	ne Rep	orting Pers	son
				n-Deriv	ative S	Secu	urities	s Acc	uired.	Dis	posed o	f. or	Ben	efici	allv	Owne				
1. Title of Security (Instr. 3)		2. Transa Date	. Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Oisposed Of (D) (Instr. 3, 4			(A) or	or 5. Amou Securitie Beneficia Owned F		int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	Amount (A) or (D)		Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock, par v	value \$0.001 per	share	11/02/	2015				S ⁽¹⁾		7,720		D	\$4	5	248	,182 ⁽²⁾	I	D ⁽³⁾	
Common	Stock, par v	value \$0.001 per	share													40,	219 ⁽²⁾			See Footnote ⁽⁴⁾
Common	Stock, par v	value \$0.001 per	share													333	3,185			See Footnote ⁽⁵⁾
Common	Stock, par v	value \$0.001 per	share													177	7,134			See Footnote ⁽⁶⁾
Common	Stock, par v	value \$0.001 per	share													84	,000			See Footnote ⁽⁷⁾
Common	Stock, par v	value \$0.001 per	share													84	,000			See Footnote ⁽⁸⁾
		Та									sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date Execution Date, if any (Month/Day/Year)		n Date,		ansaction of ode (Instr. Derivative		6. Date Exercis Expiration Date (Month/Day/Yea		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	De	erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)			
					Code V	,	(A)		Date Exercisa		Expiration Date	Title	of	mber ares						

Explanation of Responses:

- $1. \ This \ sale \ was \ made \ pursuant \ to \ a \ 10b 5-1 \ plan \ previously \ entered \ into \ by \ the \ reporting \ person.$
- 2. Reflects a transfer of 85,964 shares from the Rohit Kapoor 2013 Grantor Retained Annuity Trust to the reporting person.
- 3. Owned by Rohit Kapoor.
- 4. Owned by the Rohit Kapoor 2013 Grantor Retained Annuity Trust.
- 5. Owned by the Rohit Kapoor 2012 Family Trust.
- 6. Owned by the Rohit Kapoor 2005 Grantor Retained Annuity Trust.
- 7. Owned by the Rohit Kapoor Spousal Lifetime Access Trust.
- 8. Owned by the Shikha Kapoor 2005 Family Trust.

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

/s/ Lazbart Oseni, Attorney-in-

Fact

11/04/2015

** 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.