FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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OMB APPROVAL										
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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*  KERR DEBORAH					2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [ EXLS ]									k all applic	,					
(Last) 320 PAR	(Fi K AVENU)	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/15/2020										Officer below)	(give title	Other (specify below)		
(Street) NEW YO			10022 (Zip)		4. If	f Ame	ndment,	Date	of Ori	riginal Fi	led (	(Month/D	ay/Year)		6. Ind Line) X	Form f	iled by One	e Repo	g (Check Ap orting Perso n One Repo	n
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Trans Date (Month/I	action 2A. Deemed Execution Date, if any (Month/Day/Year)		e, T	Transaction D Code (Instr. 5			I. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			5. Amou Securitie Benefici Owned F Reported	es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									G	Code V		Amount	(A) (D)	Pri	ce	Transact (Instr. 3	tion(s)			(1150.4)
	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)	3A. Deeme Execution if any (Month/Day	Code (Ins				6. Date Exercisa Expiration Date (Month/Day/Year		ate	e Amour ear) Securi Under Deriva		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisable	Ex Da	opiration	Title	Amou or Numb of Share	oer					
Restricted Stock Units	(1)	06/15/2020			A		2,363			(2)		(2)	Common Stock, par value \$0.001 per share	2,36	53	\$0	14,286	5	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.