FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to 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

| 1. Name and Address of Reporting Person* <u>Kapoor Rohit</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [EXLS] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|--|----------|---------|---|--|--|--|------------|-------------------------------------|-----------|---|--|----------|---|---|---|------------------|--|------------|
| | | | | | | | | | | <u></u> [| | | | | X D | irector | 1 | .0% O | wner |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | \dashv | | officer (give title elow) | | Other (elow) | specify | |
| 350 PARK AVENUE | | | | | 10/20/2006 | | | | | | | | | President and CFO | | | | | |
| (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| NEW YORK | | IY 10022 | | | | | | | | | | | | X F | Form filed by One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date | | | n Date, | Transaction Dispose Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | v | Amount | Amount (A) or (D) | | Price | Tra | nsaction(s) str. 3 and 4) | | | (Instr. 4) |
| Common Stock, par value \$0.001 per share ⁽¹⁾ 10/20/2 | | | | | /2006 | 2006 | | | A | | 6,000 A | | \$13. | .5 | 1,524,072 | D | | | |
| | 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) (Month/Day Security 33. Deeme Execution if any (Month/Day Security 13. Transaction Date (Month/Day/Year) 14. Transaction Date (Month/Day/Year) 15. Transaction Date (Month/Day/Year) 15. Transaction Date (Month/Day/Year) 16. Transaction Date (Mon | | Date, (| 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price Derivati Security (Instr. 5) | derivative Securities | Owner Form: Direct or Indi (I) (Ins | (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. In connection with the consummation by ExlService Holdings, Inc. (the "Company") of its initial public offering, the Company will effect a two for one stock split (the "Stock Split") of all of its outstanding shares of common stock. The amounts in this Form 4 reflect such Stock Split.

Remarks:

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

/s/ Lazbart Oseni, Attorney-in-10/23/2006 <u>Fact (2)</u>

** 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.