FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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UIVID APPROVAL										
OMB Number:	3235-0287									
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hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

defens	ed to satisfy the e conditions of ee Instruction 1	Rule 10b5-														
Name and Address of Reporting Person* Mahon Anita				2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [EXLS]					(Ch	5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owne Officer (give title Other (spe						
	(First) (Middle) RVICE HOLDINGS INC			3. Date of Earliest Transaction (Month/Day/Year) 08/21/2024							below) below) EVP & Business Head Healthcare					
320 PARK AVENUE, 29TH FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable						
(Street) NEW YO	ORK NY	7 1	0022									ine) Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (Ž	Zip)													
		Table	I - Non	-Deriva	tive S	ecur	ities Acq	uired,	Dis	osed of	, or Ber	eficia	lly Own	ed		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)		Execution Date,				Acquired (A) or f (D) (Instr. 3, 4 an		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) or (D)	Price	Transa	ed ction(s) 3 and 4)		(Instr. 4)	
Common Stock, par value \$0.001 per share 08/21/			2024			S		25,670	D	\$35.	5 68	8,857	D			
		Tal					ies Acqu varrants,						y Owne	d		
1. Title of Derivative	2.	3. Transaction	3A. Deen	ned	4. Transac	.	5. Number of		Exerci on Da	sable and	7. Title an		B. Price of Derivative	9. Number derivative	of 10. Ownershi	11. Nature

Explanation of Responses:

Remarks:

Note: Mr. Ayyappan is the Company's General Counsel.

/s/ Ajay Ayyappan, Attorneyin-Fact

Amount or Number

Title

08/23/2024

(Instr. 4)

** 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.

of (D) (Instr. 3. 4

and 5)

(A) (D)

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Date

Expiration