

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>PANDIT VIKRAM S</u> (Last) (First) (Middle) <u>C/O THE OROGEN GROUP LLC</u> <u>ONE ROCKEFELLER PLAZA SUITE 3020</u> (Street) <u>NEW YORK NY 10020</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>ExlService Holdings, Inc. [EXLS]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>06/20/2024</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	
	Rule 10b5-1(c) Transaction Indication <input type="checkbox"/> Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V		Date Exercisable	Expiration Date						Title
Restricted Stock Units	(1)	06/20/2024		A		10,344	(2)	(2)	Common Stock, par value \$0.001 per share	10,344	\$0	65,939 ⁽³⁾	I	SEE FOOTNOTES ⁽⁴⁾⁽⁵⁾

1. Name and Address of Reporting Person*
PANDIT VIKRAM S
 (Last) (First) (Middle)
C/O THE OROGEN GROUP LLC
ONE ROCKEFELLER PLAZA SUITE 3020
 (Street)
NEW YORK NY 10020
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Orogen Echo LLC
 (Last) (First) (Middle)
C/O THE OROGEN GROUP LLC
ONE ROCKEFELLER PLAZA SUITE 3020
 (Street)
NEW YORK NY 10020
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Orogen Group LLC
 (Last) (First) (Middle)
C/O THE OROGEN GROUP LLC
ONE ROCKEFELLER PLAZA SUITE 3020
 (Street)
NEW YORK NY 10020
 (City) (State) (Zip)

(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
Orogen Holdings LLC		
(Last)	(First)	(Middle)
C/O THE OROGEN GROUP LLC		
ONE ROCKEFELLER PLAZA SUITE 3020		
(Street)		
NEW YORK	NY	10020
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
Atairos-Orogen Holdings, LLC		
(Last)	(First)	(Middle)
C/O ATAIROS MANAGEMENT, L.P.		
40 MORRIS AVENUE		
(Street)		
BRYN MAWR	PA	19010
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
Atairos Group, Inc.		
(Last)	(First)	(Middle)
C/O ATAIROS MANAGEMENT, L.P.		
40 MORRIS AVENUE		
(Street)		
BRYN MAWR	PA	19010
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
Atairos Partners, L.P.		
(Last)	(First)	(Middle)
C/O ATAIROS MANAGEMENT, L.P.		
40 MORRIS AVENUE		
(Street)		
BRYN MAWR	PA	19010
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
Atairos Partners GP, Inc.		
(Last)	(First)	(Middle)
C/O ATAIROS MANAGEMENT, L.P.		
40 MORRIS AVENUE		
(Street)		
BRYN MAWR	PA	19010
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
Angelakis Michael J		
(Last)	(First)	(Middle)
C/O ATAIROS MANAGEMENT, L.P.		
40 MORRIS AVENUE		
(Street)		
BRYN MAWR	PA	19010
(City)	(State)	(Zip)

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of the issuer's common stock upon settlement.

