FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT O	F CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
l	Estimated average burd	en				
l	hours per response:	0.5				

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* STAGLIN GAREN K (Last) (First) (Middle) 280 PARK AVENUE						2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [EXLS] 5. Relationship (Check all app X Direc											g Pers	rson(s) to Issuer	
						Date of Earliest Transaction (Month/Day/Year) 03/30/2015 4. If Amendment, Date of Original Filed (Month/Day/Year)									Officer (give title below)		Other (sp below)		specify
(Street) NEW YORK NY 10017 (City) (State) (Zip)				4.1	vidual or Joint/Group Filing (Check Applicab Form filed by One Reporting Person Form filed by More than One Reporting Person										n				
(Oity)			,	Non-Deri	vative	e Sec	uriti	ies A	cauire	ed. D	isposed c	of. or B	eneficia	llv O	wned	1			
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/			ion	n 2A. Deemed Execution Date,		3. 4. Se		4. Securities	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		5. Amo Securit Benefic Owned		int of es ially Following	Form (D) o	n: Direct or Indirect onstr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount (A) or (D) Price		Price	Reported Transaction(s) (Instr. 3 and 4)		tion(s)			(Instr. 4)		
Common Stock, par value \$0.001 per share				03/30/2	015)15					1,250	A	\$11.87	75 6		5,250		D	
Common Stock, par value \$0.001 per share			03/30/2	2015				S ⁽²⁾		1,250	D	\$36.721	3 ⁽³⁾	5,000			D		
		7	able								posed of, , converti			y Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transa Code (8)				6. Date Exercisa Expiration Date (Month/Day/Yea		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersl Form: Direct (Dor Indire (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares	er					
Employee Stock Options (right to	\$11.875	03/30/2015			M ⁽¹⁾			1,250	(4	1)	06/23/2015	Commor Stock, par value \$0.001	1	\$0).00	12,500		D	

Explanation of Responses:

- 1. On March 30, 2015 the reporting person exercised previously issued options to purchase an aggregate of 1,250 shares of common stock of ExlService Holdings, Inc.
- 2. This sale was made pursuant to a 10b5-1 plan previously entered into by the reporting person.
- 3. This transaction was executed in multiple trades at prices ranging from \$36.46 to \$37.07 per share. The price reported above reflects the weighted average purchase price on the date indicated. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transactions were effected.
- 4. 12,500 of these options are fully vested and exercisable.

Remarks:

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

/s/ Lazbart Oseni, Attorney-in-

04/01/2015

** 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.