FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| washington, D.C | J. 20549 |
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| STATEMENT | OF CHANGES IN | N BENEFICIAL | OWNERSHIP |
|------------------|---------------|--------------|------------------|

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | |
| hours ner resnonse. | 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

| Name and Address of Reporting Person* Kini Narasimha | | | | | 2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [EXLS] | | | | | | | | (Chec | k all app Direc | nship of Reporting Person(s) to I applicable) Director 10% O Officer (give title Other | | | |
|--|---|--|---|---------|---|--|---|---|--|--------|---------------------------|--|-----------------------------------|---|--|---|--|------------------------------------|
| _ | VICE HO | irst) (1 LDINGS INC JE, 29TH FLOOF | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2022 | | | | | | | | X | below | | | v) | |
| (Street) NEW Y(| | | 0022 Zip) | | 4. If <i>F</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person 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, | | | Transaction | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Secu Bene Own | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Reported Transaction(| | | (Instr. 4) | |
| Common Stock, par value \$0.001 per share 03/11/ | | | | 03/11/2 | 2022 | | P | | 500 | A | . ; | \$125 | 25 23,407 | | D | | | |
| Common Stock, par value \$0.001 per share 03/14/2 | | | | 2022 | | | P | | 500 | A | . \$ | 124.5 | 23 | 3,907 | 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) | 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 Exerc Expiration Da (Month/Day/Y | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (i or Indirect) (I) (Insti | Beneficial Ownership ot (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | |
| ∟xpianatio | n of Respor | ises: | | | | | | | | | | | | | | | | |

Remarks:

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

/s/ Lazbart Oseni, Attorney-in-03/15/2022 **Fact**

** 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.