FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | DVAL | | | | | |
|---|------------------------|-----------|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | |
| | 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* <u>Kapoor Rohit</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol ExlService Holdings, Inc. [EXLS] | | | | | | | | | Relationship of Reporting (Check all applicable) X Director | | | g Person(s) to Issuer 10% Owner | | |
|--|---|--|--|---------|---|---|------|--------|--|--------------------|--------------------------|--|------------------------------------|---------|--|---|--|--|----------------------|--|
| (Last) (First) (Middle) 350 PARK AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/16/2009 | | | | | | | | | | X | Office below | , | Other (specify below) President | | |
| (Street) NEW YO | EW YORK NY 10022 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Individual or Joint/Group Filing (Check Applicable ine) X 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/Da | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | | | ties cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | (A) or (D) | | Price |) | Transaction(s) (Instr. 3 and 4) | | l (In | | (Instr. 4) | | | |
| Common Stock, par value \$0.001 per share 11/16/2 | | | | | | | 2009 | | | | 10,000 | | D | \$16.6 | | 1,493,924 | | D | | |
| Common Stock, par value \$0.001 per share 11/16/2 | | | | | | | 2009 | | S ⁽¹⁾ | | 10,000 | | D | \$16.55 | | 1,483,924 | | D | | |
| Common Stock, par value \$0.001 per share 11/16/2 | | | | | | | 2009 | | S ⁽¹⁾ | | 7,418 | | D | \$16.5 | | 1,476,506 | | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Executior if any (Month/Da | n Date, | 4. Transaction Code (Instr 8) | | n of | | 6. Date E Expiratio (Month/D | n Dat | е | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | | Deri Sec | rice of ivative curity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | : t (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | | | Expiration Date | Amoun or Numbe of Shares | | mber | | | | | | | |

Explanation of Responses:

1. This sale was made pursuant to a 10b5-1 plan previously entered into by the reporting person

Remarks:

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

/s/ Lazbart Oseni, Attorney-in-11/18/2009 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.