Altisource Portfolio Solutions S.A.

Form 4

August 23, 2016

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction 30(n) of the Investment Col

1(b).

(Print or Type Responses)

may continue.

1. Name and Address of Reporting Person * WILCOX KEVIN JAMES			2. Issuer Name and Ticker or Trading Symbol Altisource Portfolio Solutions S.A. [ASPS]					5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
(Last) 40, AVENU	(First)  JE MONTEREY	(Middle)	3. Date of (Month/D 08/19/20	ansaction			Director 10% Owner X Officer (give title Other (specify below)				
				ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Aca	Person uired, Disposed o	f. or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year	Execution 2) Execution 2)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	•				
Common Stock	08/19/2016			Code V M	Amount 50,000 (1)	(D)	Price \$ 9.14	105,010	D		
Common Stock	08/19/2016			F	27,001 (2)	D	\$ 31.2	78,009 (3)	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474

(9-02)

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# 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 orDerivative 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options	\$ 9.14	08/19/2016		M		12,917	08/10/2009	07/14/2018	Common Stock	12,917
Stock Options	\$ 9.14	08/19/2016		M		25,834	12/23/2009	07/14/2018	Common Stock	25,834
Stock Options	\$ 9.14	08/19/2016		M		11,249	06/15/2010	07/14/2018	Common Stock	11,249

# **Reporting Owners**

Reporting Owner Name / Address	Relationships
Reporting Owner Name / Address	

Director 10% Owner Officer Other

WILCOX KEVIN JAMES 40, AVENUE MONTEREY N4 L-2163

Chief Administration Officer

# **Signatures**

/s/ Teresa L. Denoncourt, Attorney-in-Fact

08/23/2016

Date

\*\*Signature of Reporting Person

### **Explanation of Responses:**

- \* 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).
- (1) Acquired by the exercise of options granted pursuant to an employee stock option award that expires on July 14, 2018.
- (2) 22,999 shares were acquired as a result of the exercise of 50,000 stock options awarded as part of the July 14, 2008 stock option grant that expires on July 14, 2018, of which 27,001 shares were foregone to pay for the exercise price and tax withholdings.
- Includes 20,500 restricted shares of ASPS common stock, which are scheduled to vest (and will be issued) in three equal installments on (3) the second, third and fourth anniversaries of the April 15, 2015 grant date (i.e., April 15, 2017, April 15, 2018 and April 15, 2019). Mr. Wilcox has no voting rights with respect to these shares until they vest.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2