FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL										
OMB Number:	3235-0287									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Shepro William B					2. Issuer Name and Ticker or Trading Symbol Altisource Portfolio Solutions S.A. [ASPS]] (Che	5. Relationship of Reporti (Check all applicable)			ng Person(s) to Issuer		
(Last) 40, AVE	(F	irst) TEREY	(Middle)		3. Date of Earliest Transa 10/29/2015				action (Month/Day/Year)					below)	Officer (give title below) Chief Executive		Other (s below) Officer	pecify
(Street)	N		L-2163		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	ndividual or Joint/Group Filing (Check Applicable 2) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)	on-Der	ivativ	, S	acuri	ities Ac	nuiroc	l Die	enoced of	or Ber	eficially	Owned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			saction	tion 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			5. Amount Securities Beneficial Owned Fo	ly	6. Owner Form: I (D) or In (I) (Inst	Direct In	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				nstr. 4)		
Common Stock 10/29/2				9/2015	5			M		13,230(1)	A	\$11.02	69,8	30	I)		
Common	Stock			11/0	2/2015	5			G	V	13,230(2)	D	\$0.0000	56,60)0 ⁽³⁾	I)	
Common Stock 11/02/2			2/2015	2015			A	V	13,230(2)	A	\$0.0000	82,639]	I B	y Villiam 3. Shepro Levocable Trust		
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)				6. Date Exerc Expiration Day/\(Month/Day/\)		ate	7. Title an of Securit Underlyin Derivative (Instr. 3 a	g Security	8. Price of Derivative Security (Instr. 5)	9. Numbor derivative Securities Beneficial Owned Following Reported	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares		Transact (Instr. 4)	tion(s)		
Stock Options	\$11.02	10/29/2015			M			13,230 ⁽¹⁾	08/10/	2009	01/31/2016	Common Stock	13,230	\$0.0000	0.000	00	D	

Explanation of Responses:

- $1. \ These \ options \ were \ granted \ pursuant \ to \ an \ employee \ stock \ option \ award \ that \ expires \ in \ January \ 2016.$
- 2. 13,230 shares of Common Stock were acquired upon exercise of options and such shares were transferred by the reporting person to the William B. Shepro Revocable Trust. The transfer to the William B. Shepro Revocable Trust is reportable on Form 5, but the reporting person is voluntarily reporting early on Form 4.
- 3. Represents 56,600 restricted shares of ASPS common stock, which are scheduled to vest in three equal installments on 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).

Teresa L. Denoncourt,
Attorney-in-Fact

11/02/2015

** 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.