FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| wasnington, | D.C. | 20549 | |
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| | | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| obligations may continue. See | 5" L |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 Esterman Michelle D. | | | | | | Altisource Portfolio Solutions S.A. [ASPS] | | | | | | | | (Check | tionship of Reporting all applicable) Director | | 10% (| Ssuer Owner (specify |
|--|---|------|----------------|-----------------|---------------------------------------|---|---------------------------------|--|------------------|---|----------------------|---|---|---|---|--|------------------------|------------------------|
| (Last) 40, AVE | (Fi | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/07/2017 | | | | | | | | X | pelow) | | below ncial Officer | |
| (Street) | N ² | | L-2163 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Indiv Line) X | Form | or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Ac | quired | , Dis | posed o | f, or E | Benefi | cially | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instr. 8) | | | | Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pri | се | Transa | action(s) 3 and 4) | | (111501.4) | |
| Common | Common Stock 04/0 | | | 04/07 | /2017 | 2017 | | A | | 1,810(1) |) A \$0 | | .0000 | 00 16,310 ⁽²⁾ | | D | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Security or Exercise (Month/Day/Year) Execution Date, if any | | n Date, | | ransaction of Code (Instr. Derivative | | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amoun or Numbe of Shares | | | | | |

Explanation of Responses:

- 1. On April 7, 2017, Ms. Esterman was granted 1,810 time-based restricted shares of ASPS common stock, which are scheduled to vest (and will be issued) in three equal installments on the first, second and third anniversaries of the grant date (i.e., April 7, 2018, April 7, 2019 and April 7, 2020). Ms. Esterman has no voting rights with respect to these shares until they vest
- 2. Includes 14,500 time-based restricted shares of ASPS common stock, which are scheduled to vest (and will be issued) 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). Ms. Esterman has no voting rights with respect to these shares until they vest.

04/11/2017 Attorney-in-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.