FORM 4

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours nor rosponso:	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*												5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
Shepro William B													X	Direc	ctor	10% Owner		Owner			
					t Tran	ansaction (Month/Day/Year)					X	below) below)									
40, AVENUE MONTEREY				111/	11/04/2016										Chief Exe	cutive O	ficer				
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
N4 L-2163														l ′	X Form filed by One Reporting Person						
(City)	(St	ate) (Zip)												Forn Pers	n filed by Ma on	ore than O	ne Rep	oorting		
		Tabl	e I - N	lon-Deriv	ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	enefi	cially	Owne	ed					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)				3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ect rect)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock			11/04/2016					P		5,100(1)	A	\$24	.45 ⁽²⁾	129,464		I		By William B. Shepro Revocable Trust			
Common Stock			11/04/2016				P		1,030(1)	A	\$24	4.36	130,494		I		By William B. Shepro Revocable Trust				
Common Stock															56,	,600 ⁽³⁾	D				
		Та	ble II								osed of,				wned						
						alls,	_		-		convertib				- · ·						
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. M. Deemed Execution Date if any (Month/Day/Year)			ion Date,	4. Transaction Code (Instr. 8)				6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		De Se (In:	erivative decurity Security Se	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Forn Direc or In (I) (Ir		Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amour or Number of Shares	r							

Explanation of Responses:

- 1. Represents shares purchased in the open market on November 4, 2016.
- 2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$24.42 to \$24.46, inclusive. Mr. Shepro undertakes to provide to Altisource Portfolio Solutions S.A., any security holder of Altisource Portfolio Solutions S.A., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in footnote (1) to this Form 4.
- 3. Represents 56,600 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). Mr. Shepro has no voting rights with respect to these restricted shares until they vest.

Teresa L. Denoncourt, 11/08/2016 Attorney-in-Fact Date

** Signature of Reporting Person

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.