FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington,	D.C.	20549	

vvasiliigtoii,	D.C.	20343		

OIVID APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person*				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)						
Shepro William B Altisource Portfolio Solutions S.A. [ASPS						X Director	r		10% Ov	/ner						
(Last)	(F	irst)	(Middle)	3	3. Date of Earliest Transaction (Month/Day/Year)						Officer below)	(give title		Other (s below)	pecify	
` ′	`	,	(0	5/19/2	2010						CHIEF	EXECU	TIVE	E OFFICE	$_{\rm R}$
2 RUE JEAN BERTHOLET CHIEF EXECUTIVE O																
(Street)				4	. If Ame	endment, [Date (of Original Fil	ed (Month/D	ay/Year)	6. Ir Line	dividual or J	oint/Group F	Filing	(Check App	licable
LUXEM	BOURG N	4	L-1233									X Form fi	led by One I	Repoi	rting Persor	.
(City)	(9	tate)	(Zip)								Form filed by More than One Reporting Person			ting		
(City)	(5)		(210)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date			Transaction ate	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Beneficia Owned Fe	Form ly (D) or		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
						Code V	Amoun	t (A) (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
								, options								
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/Yea	Code	5. Number of Derivative Securities		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		ties ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	ly	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		(Instr. 4))II(3)		
Employee Stock Options (Right to Buy)	\$24.85	05/19/2010		A		240,000		(1)	05/19/2020	Common Stock	240,000	\$24.85	240,000	0	D	

Explanation of Responses:

1. The vesting schedule for these options has a time-based component, in which 25% of the options vest in equal increments over four years, and a performance-based component, in which up to 75% of the options could vest in equal increments, with 25% vesting immediately upon the achievement of certain performance criteria related to Altisource's stock price and its annualized rate of return and the remaining 75% vesting over the next three years. Two-thirds of the performance-based options would commence vesting if the stock price realizes a compounded annual gain of at least 20% over the exercise price, so long as the stock price is at least double the exercise price. The remaining third of the performance-based options would commence vesting if the stock price realizes a 25% compounded annual gain, so long as it is at least triple the exercise price.

Remarks:

/s/ Kevin J. Wilcox, Attorney-

07/13/2010

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.