FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
---------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
hours per response	e: 0.5										

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

1. Name ar MORE (Last) 1375 PO (Street) ALPHAL	2. Issuer Name and Ticker or Trading Symbol Altisource Portfolio Solutions S.A. [ASPS] 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2021 4. If Amendment, Date of Original Filed (Month/Day/Year)									Check X	tionship of Reporting Pe all applicable) Director Officer (give title below) idual or Joint/Group Filin Form filed by One Rep Form filed by More that Person			10% O Other (below) g (Check A	wner specify spelicable		
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				on	2A. Deemed Execution Date,		3. 4. Securities		s Acquired (A) or (D) (A) or (D) Price		nd 5)	5. Amo Securit Benefic Owned Report Transa	unt of 6. C For ially (D) Following (I) (ed		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock 05/18/20)21		A		12,786(1)	A \$0		0000	28,554			D	
		(e.g., pu	I ts, Ca 4. Transa	e Securities Acques, calls, warrants, 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		uired, Disposed of, c , options, convertibl			or Beneficia		8. P Der Sec (Ins	Illy Owned		y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. 12,786 shares of ASPS common stock were awarded to Mr. Morettini in connection with his service as a non-management director of the Issuer for the 2020-2021 Service Year

/s/ Teresa L. Szupello, 05/20/2021 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.