Instruction 1(b)

FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**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* <u>Esterman Michelle D.</u>						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)  Director 10% Owner  Officer (give title Other (specify				
(Last) (First) (Middle) 291, ROUTE D'ARLON					3. Date of Earliest Transaction (Month/Day/Year) 02/10/2015							X	below)	(give title Other (speci below) hief Financial Officer		респу		
(Street) LUXEMBOURG CITY			L-1150	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							i. Indiv ine) X	·					
(City)	(S		(Zip)    	Derivativ	, So	curitios	- A c (	nuired D	ienoead	of or Re	nefici	ally	Owned					
Date (Month/Da				. Transactio Pate Month/Day/\	Day/Year) Execution if any (Month/D		ed Date, ay/Year	Transaction Dispose 5) 8) Code V Amount		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		r ind e	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership Instr. 4)	
	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 Dat if any (Month/Day/Ye	Code	Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		. Price of derivative decurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	er						
Stock	\$21.89	02/10/2015		A		25,000		(1)	02/10/2025	Common	25,00	00	\$0.0000	25,000		D		

## **Explanation of Responses:**

1. On February 10, 2015, Ms. Esterman was granted 25,000 options. The vesting schedule is as follows: (1) Time Based. 6,250 options (25%) vest in 4 increments, beginning on the anniversary of the grant date; (2) Performance Based. 12,500 options (50%) vest in 4 increments: 1/4 of the options vest when (a) the share price doubles the exercise price and (b) investors achieve a 20% Annualized Rate of Return based on the exercise price. Thereafter, 1/4 of the options vest each anniversary of the initial vesting; and (3) Extraordinary Performance Based. The remaining 6,250 options (25%) vest in 4 increments. 1/4 of the options vest: (a) when the share price triples the exercise price and (b) investors achieve a 25% Annualized Rate of Return based on the exercise price. Thereafter, 1/4 of the options vest each anniversary of the initial vesting

> Teresa L. Denoncourt, 02/12/2015 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.