FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
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hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Name and Address of Reporting Person* <u>WILCOX KEVIN JAMES</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Altisource Portfolio Solutions S.A. [ASPS] | | | | | | | | | all applic Directo | able) r | g Person(s) to Iss | | wner | |
|---|---|--|---|-----------------|------------------------------|--|------|--|--|-------|-------------------------|--|---------------------------------------|---|--|---|--------------------|--|--|--|
| (Last) 291, RO | (F UTE D'ARI | , | (Middle) | | | 3. Date of Earliest Transact 11/15/2013 | | | | | action (Month/Day/Year) | | | | | Officer (give title below) Chief Administra | | | specify r | |
| (Street) LUXEMBOURG N4 L-1150 (City) (State) (Zip) | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Indiv ne) X | Form fi | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tal | ole I - N | on-Der | ivativ | e Se | curi | ties Ac | quire | d, Di | sposed of | f, or Be | neficia | ılly | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | Execution Date, | | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | 5) | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 11/15/20 | | | | /2013 | 13 | | M | | 4,798(1) | A | \$9.18 | 92 | 5, | ,530 | | D | | | | |
| Common Stock 11/15/20 | | | | /2013 |)13 | | S | | 4,798 | D | \$149.9 | 034 | 4 732(2) | | | D | | | | |
| | | | Table II | | | | | | | | posed of, convertib | | | | wned | | | | | |
| 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/Year) | | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | S (I | erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction | s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | Expiration Date | Title | Amour or Number of Shares | er | | (Instr. 4) | (3) | | | |
| Stock | \$9.1892 | 11/15/2013 | | | M | | | 4,798 ⁽¹⁾ | 08/10 | /2009 | 01/31/2015 | Commo | 4,79 | 3 T | \$0.0000 | 0.0000 | 0 | D | | |

Explanation of Responses:

- 1. These options were granted pursuant to an employee stock option award that expires in January 2015.
- 2. Following this transaction, Mr. Wilcox holds 340,746 options to purchase ASPS Common Stock, 288,246 of which are currently exercisable, and 732 shares of Common Stock.

Teresa L. Denoncourt,
Attorney-in-Fact

11/19/2013

** 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.