FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |

37 Estimated average burden hours per response: 0.5

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

| 1. Name and Address of Reporting Person* KRAMER ORIN S | | | | | | 2. Issuer Name and Ticker or Trading Symbol Altisource Portfolio Solutions S.A. [ASPS] | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|---|--|--|--|-----------------|---|---|--|------|--|--------------------|-----------|---|---|-----------------------|---------------------------------------|--|---|---|--|
| (Last) 40, AVE | (Fii | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2017 | | | | | | | | A | | er (give title | Other (specify below) | | |
| (Street) | N ² | | L-2163 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | Forn | or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson | | | |
| | | Tabl | e I - N | lon-Deriv | ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benefi | cially | Own | ed | | | |
| Di | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | nd 5) | 5. Amount of Securities Beneficially Owned Follor Reported | | Form: | nership : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | action(s) 3 and 4) | | | (111501.4) |
| Common Stock | | | | 02/24/2017 | | | | | P | | 25,000(1) | A | \$21 | .9067 | 117,108 | | | I | Boston Provident Partners, L.P. ⁽²⁾ |
| Common Stock | | | | | | | | | | | | | | | ! | 500 ⁽³⁾ | | D | |
| | 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) | if any | tion Date, Trai | | oction Instr. | str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expira | ation D h/Day/` | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | Der Sec (Ins | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | (I) | O. wnership orm: irect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. Represents shares purchased in the open market on February 24, 2017.
- 2. Mr. Kramer is the General Partner of Boston Provident Partners, L.P.
- 3. Represents a one-time grant of 500 restricted shares of common stock to new non-management Directors on the date of initial election to the Board of Directors. The restricted shares will vest in four equal installments annually on the date of our annual meeting of shareholders, with the first installment vesting on the date of our 2017 Annual Meeting of Shareholders.

Teresa L. Denoncourt,

Attorney-in-Fact

02/27/2017

** 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.