FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

gton, D.C. 20549		OMB APPROVAL
	12	

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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

1. Name and Address of Reporting Person* STILES ROBERT DANIEL					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				
<u>JIILL</u>	O RODEI	CT DITTUEL										Directo Officer	r (give title		wner (specify	
(Last) (First) (Middle) 2 RUE JEAN BERTHOLET					3. Date of Earliest Transaction (Month/Day/Year) 09/22/2009							X Officer (give title Officer (give title below) below) CHIEF FINANCIAL OFFICER				
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
(Street) LUXEMBOURG N4 L-1233											Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																
		Та	ble I - Non-I	Derivat	ive Se	ecuritie	s Ac	quired, D	isposed (of, or Be	neficiall	y Owned				
Date			. Transact Date Month/Day	Execution Date,			Code (Instr.			Beneficia Owned F	s Illy ollowing (6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code V	Amount	(A) o (D)	r Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
			Table II - De					uired, Dis	•	•	•	Owned				
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	4. Trans	saction (Instr.	Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction (Instr. 4)	1(s)		
Employee Stock Options (Right to Buy)	\$14.15	09/22/2009		A		33,333		(1)	09/22/2019	Common Stock	33,333	\$14.15	33,333	D		
Employee Stock Options (Right to Buy)	\$22.01	01/25/2010		A		46,667		(1)	01/25/2020	Common Stock	46,667	\$22.01	46,667	D		
Employee Stock Options (Right to	\$24.85	05/19/2010		A		120,000		(1)	05/19/2020	Common Stock	120,000	\$24.85	120,000	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.