FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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).

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

Restricted Share Units	(1)	02/26/2020 <sup>(2)</sup>		A		4,373 <sup>(3)</sup>		(3)	(3)	Common Stock	4,373	\$0.0000	4,373 <sup>(3)</sup>	)	D		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	11(5)			
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		Code	ransaction Derivative Securities		e s I (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Instr. 3 and		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	Own Form Direct or In (I) (Ir		11. 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)																	
Date				Transaction te onth/Day/Y	Execution Date,		3. Transactio Code (Inst 8)	tr. 5)		r. 3, 4 and	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct (D) or Indirect (I) (Instr. 4)		. Nature of ndirect leneficial lownership nstr. 4)		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
(City)	(S	tate)	(Zip)														
(Street)  LUXEMBOURG CITY  N4  L-2163			4.	If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person							
C/O ALTISOURCE PORTFOLIO SOLUTIONS S.A. 40, AVENUE MONTEREY				5.A.   *-	02/26/2020						Chief Legal/Compliance Officer						
(Last)	(Fi	irst)	(Middle)	3.	Date o	of Earliest	Frans	action (Month	/Day/Year)		1	below)		b	elow) ်	,	
RITTS GREGORY J.					Altisource Portfolio Solutions S.A. [ ASPS ]						,	Directo	,		)% Ow ther (si		
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					

## **Explanation of Responses:**

- 1. Each restricted share unit ("RSU") represents a contingent right to receive one share of Altisource Portfolio Solutions S.A. ("ASPS") common stock.
- 2. Due to an administrative error, this Form 4 was not filed by the requisite deadline, and is being filed now to correct the delinquency.
- 3. Award granted to Mr. Ritts as part of his annual incentive compensation for the 2019 service year based on his personal scorecard performance. The Altisource annual incentive award program requires executives to have 40% of their annual incentive compensation paid in RSUs. Mr. Ritts received a grant of 4,373 RSUs based on the 30-day average closing share price of ASPS common stock of \$19.21 preceding the February 26, 2020 grant date. The award is scheduled to vest in two equal installments on the first and second anniversaries of the grant date (i.e., February 26, 2021 and February 26, 2022).

/s/ Teresa L. Szupello, 03/01/2021 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.