SEC Form 4
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## FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940		Estimated average burden hours per response: 0.5
1. Name and Address of Reporting Person <sup>*</sup> Shepro William B (Last) (First) (Middle) C/O ALTISOURCE PORTFOLIO SOLUTIONS S.A. 40, AVENUE MONTEREY	2. Issuer Name and Ticker or Trading Symbol <u>Altisource Portfolio Solutions S.A.</u> [ ASPS ]  3. Date of Earliest Transaction (Month/Day/Year) 03/21/2021	(Check all applicab X Director X Officer (gr below)	10% Owner
(Street) LUXEMBOURG CITY N4 L-2163 (City) (State) (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line) X Form filed	nt/Group Filing (Check Applicable by One Reporting Person by More than One Reporting

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					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	03/21/2021		A		8,182(1)	A	\$0.0000	8,182	D	
Common Stock	03/21/2021		F		<b>3,860</b> <sup>(2)</sup>	D	\$8.78	4,322	D	
Common Stock	03/21/2021		G	v	4,322 <sup>(3)</sup>	D	\$0.0000	0.0000	D	
Common Stock	03/21/2021		G	v	4,322 <sup>(3)</sup>	A	\$0.0000	510,178	I	By William B. Shepro Revocable Trust

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(cigi, pars) valia, valians, 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 Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of		6. Date Exerc Expiration Da (Month/Day/Y	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 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)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. 8,182 shares of ASPS common stock were received upon the vesting of previously granted performance-based restricted share units ("RSUs") pursuant to an award under the 2019 Long Term Incentive Plan

2. Of the 8,182 RSUs vesting into shares reported above, 3,860 shares were foregone to pay for the tax withholding with a net issuance to Mr. Shepro of 4,322 shares. Pursuant to the terms of the award agreement, the price per share used to determine the tax withholdings was the opening price of ASPS common stock on March 22, 2021.

3. Represents a transfer by gift by Mr. Shepro of 4,322 shares of ASPS common stock, acquired upon the vesting of RSUs, from his direct ownership to the William B. Shepro Revocable Trust. This transaction is reportable on Form 5, but Mr. Shepro is voluntarily reporting early on Form 4.

/s/ Teresa L. Szupello, <u>Attorney-in-Fact</u>

03/23/2021

\*\* 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.