FORM 4

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									
- 1	houre per reenonce.	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

1. Name and Address of Reporting Person* Henley George T. (Last) (First) (Middle) 1661 WORTHINGTON ROAD, SUITE 100					3. D	Susuer Name and Ticker or Trading Symbol OCWEN FINANCIAL CORP [OCN] Date of Earliest Transaction (Month/Day/Year) 03/31/2022								(Ch	Director Officer below)	or r (give title		10% Ov Other (s below)	vner specify
(Street) WEST PA BEACH (City)	FI		33409 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Y Form f Form f					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		Code (Instr					Securitie Benefici	5. Amount of Securities Beneficially Owned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	V	Amount	(A) or (D)		Price	Transac	Transaction(s) (Instr. 3 and 4)			(
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security 1. Title of Derivative Security 1. Title of Conversion or Exercise (Instr. 3) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)			Date,	4. Transa Code (I 8)		of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu of	nount imber ares					
Restricted Stock Units	(1)	03/31/2022			A		9,191		(2)		(3)	Commo		,191	\$0	9,191		D	
Restricted Stock Units	(1)	03/31/2022			A		9,191		(4)		(3)	Commo		,191	\$0	9,191		D	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of OCN common stock on the vesting date.
- 2. On March 31, 2022, the reporting person was granted 9,191 restricted stock units scheduled to vest in three approximately equal annual installments on the first, second, and third anniversaries of grant, subject to the reporting person's continued employment and certain other conditions.
- 3. Not applicable.
- 4. On March 31, 2022, the reporting person was granted 9,191 restricted stock units subject to both a performance-based condition and a time-based vesting schedule. The target number of units subject to the award is reported above. Between 0% and 200% of the target number of units will be eligible to vest on March 31, 2025 based on the relative ranking of the Issuer's absolute total shareholder return of companies within the Issuer's pre-established peer group at designated measurement periods.

/s/ Leah E. Hutton, Attorneyin-Fact for George T. Henley

04/04/2022

** 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.