FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Anderson Scott William						2. Issuer Name and Ticker or Trading Symbol OCWEN FINANCIAL CORP [OCN]								cable) or (give title	g Pers	son(s) to Issu 10% Ow Other (s	ner
(Last) (First) (Middle) 1661 WORTHINGTON ROAD SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 03/29/2016								X Officer below)		Servio	below)	r
BEACH			33409 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(=.5)) Orivetiv	, C C C	ouritios	. ^ ^	auirod D	ionoo		of or Box	noficial	ly Owner				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Transaction ate	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transacti Code (Ins 8) Code V	on Dissert. 5)	Amount (A) or posed of, or Benefic		Price	5. Amou Securitie Benefici Owned F Reporte Transact (Instr. 3	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		: Direct r Indirect str. 4)	. Nature of Indirect Seneficial Ownership Instr. 4)
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	Code				6. Date Exer Expiration D (Month/Day/	ate	of Sec ur) Under		g Security	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)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expira Date	ation	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	03/29/2016		A		60,000		(2)	03/29/	/2019	Common Stock	60,000	\$0	60,000	0	D	
Restricted Stock	(1)	03/29/2016		A		80,000		(3)	03/29/	/2020	Common Stock	80,000	\$0	80,000	0	D	

Explanation of Responses:

- $1. \ Each \ restricted \ stock \ unit \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ OCN \ Common \ Stock.$
- 2. The restricted stock units are scheduled to vest in three equal annual installments on the first, second, and third anniversaries of the transaction date reported above.
- 3. If, on or before the fourth anniversary of the transaction date reported above, the average of the closing prices per share of OCN Common Stock for a period of twenty consecutive trading days, plus the amount of any dividends paid on a share of OCN Common Stock during the term of the award on or before the last day of that period, equals or exceeds \$4.78, the restricted stock units will vest in four equal annual installments on the first, second, third and fourth anniversaries of the transaction date reported above (in each case, if such date occurs before the date that the stock price-based vesting condition is satisfied, the vesting of that installment will occur on the satisfaction of the stock price-based vesting condition).

/s/ Timothy M. Hayes,

Attorney-in-Fact for Scott W.

Anderson

** Signature of Reporting Person

03/31/2016

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.