| | | UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | OMB APPROVAL | | | | | |
|---|--|--|--------------------------|--|---|---|---|-----------------------------|-------|-----------------|--|---|-------------------|--|--|--------------------|
| FORM | <u>/ </u> | Washington, D.C. 20549 | | | | | | | | | OMB Number: 3235-0287 Expires: January 31, 2005 | | | | | |
| 4 | | | | | | | | | | | | Estimated average burden hours per response 0.5 | | | | |
| | | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | | | | | , illustration | от гооролос ото | | | |
| Check this box longer | Check this box if no longer | | | | | | | | | | | | | | | |
| subject to 16. Form Form 5 ol may conti Instructio (Print or T Responses | 4 or bligations inue. See on 1(b). | uant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility ing Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940 | | | | | | | | | | | | | | |
| 1. Name and Addres | ss of Reporti | 2. Issuer Name and Ticker or Trading Symbol (| | | | | | | | | 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Wish, | Barry N | Ocwen Finar | ntion (NYSE: | YSE:OCN) | | | Х | Director | | | | | 10% Owner | | | |
| (Last) | (Last) (First) (Middle) | | | 3. IRS or Social Security Number of Reporting | | | | 4. Statement for Month/Year | | | Officer | (give | | | | Other (specify) |
| | | | | December/2002 | | | | | | title below) | | | below) | | | |
| 1675 Palm B | Beach La | akes Blvd | | | | | | | | | | | | | | |
| | (Street) | | | | | | <u> </u> | | | Individual or J | or Joint/Group Filing (Check Applicable Line) | | | | | |
| West Palm B | Beach Fl | | | | | Date of Original X Form filed by One Repor Form filed by More than Or | | | | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | | |
| (4.13) | (=1.115) | (Zip) Table I Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| 1. Title of Security | | | 2. | | | | | | | | 5. Amount of Securities | | | 7. | | |
| (Instr. 3) | | | Trans- action Date | | Trans- action Code (Instr. 8) | or Dispr (Instr. 3, | or Disposed of (D) (Instr. 3, 4 and 5) | | | | Beneficially Owned at | | | Nature of Indirect Bene- ficial- Owner- ship | | |
| | | | (Month/ Day/ | | | | | | | | End o Monti | | D) or Indirect | | | |
| | | | Year) | Code | V | Amount | (A) or (D) | F | Price | ice (Instr. 4) | | (Instr. 3 and 4) (I) (Instr. 4) | | (Instr. 4) | | |
| Common Stock * | | | 12/23/02 | s | | 1,000 | D | \$2.572 | | | | | I | By Wishco | | |
| | | | | | | | | | | 8,527 | 7,305 | | | | | |
| | | | | | | | | | | | | | | | | |
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| *Sale in accordance with the Plan. | | | | | | | | | | | | | | | | |
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| FORM 4 (continued) | | | | r | Table | II Derivativ | e Securiti | es Acc | qui | red, Disp | osed o | f, or B | eneficially O | wned | | |

| FORM 4 (continued) | Table II Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
|--|---|--|---|---|------|--|--------------|---|--|---|--|---|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Trans- action Date (Month/ Day/ Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 1 | 6. Date Exer- cisable and Expiration Date Month/Day/ Year) | A U Se | Title and mount of inderlying ecurities nstr. 3 and | 8. Price of Deriv- ative Secur- ity (Instr. 5) | 9. Number of Deriv- ative Secur- ities Bene- ficially Owned at End of | 10. Owner- ship Form of Deriv- ative Securit y Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Owner ship (Instr. 4) | |
| | | | | | Date | Expira- | | Amount or | | Month (Instr. | | | |

| | Co | Code V | | | | | | | | | | | |
|--|----|--------|-----|-----|------------------|--------------|-------|---------------------------------|------|--|----------|--|--|
| | | ode v | (A) | (D) | Exer- cisable | tion Date | Title | Shares | | | | | |
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| | | | | | | | | Attorney-in- | Fact | | 12/24/02 | | |
| | | | | | | | | **Signature of Reporting Person | | | Date | | |
| **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 provided is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number. | | | | | | | | | | | | | |