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
In a transaction of the h

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

Name and Address of Reporting Person* Hayes Timothy M.						2. Issuer Name and Ticker or Trading Symbol OCWEN FINANCIAL CORP [OCN]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify			
(Last) (First) (Middle) 1000 ABERNATHY ROAD NE SUITE 210					3. Date of Earliest Transaction (Month/Day/Year) 02/24/2015							X Officer (give title Officer (specify below) EVP, Gen. Counsel & Secretary				
(Street) ATLANTA GA 30328 (City) (State) (Zip)				4	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3) 2. Transa Date				Transactio	2A. Deen Execution			3. Transacti Code (Ins	4. Secur			5. Amou	s For ally (D) ollowing (I) (i. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	Amount	(A) oi (D)	Price	Transact (Instr. 3 a	ion(s)				
		-	Table II - De e.و)					uired, Dis s, options				Owned				
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	saction (Instr.			6. Date Exer Expiration D (Month/Day/	ate	of Securities		8. Price of Derivative Security (Instr. 5)		Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$10.14	02/24/2015		A		32,772		(1)	02/24/2025	Common Stock	32,772	\$0	32,772	D		
Restricted Stock Units	(2)	02/24/2015		A		15,337		(3)	02/24/2019	Common Stock	15,337	\$0	15,337	D		
Restricted Stock	(2)	02/24/2015		A		48,231		(4)	02/24/2019	Common Stock	48,231	\$0	48,231	D		

Explanation of Responses:

- 1. The option is scheduled to vest in four equal annual installments on the first, second, third and fourth anniversaries of the transaction date reported above.
- 2. Each restricted stock unit represents a contingent right to receive one share of OCN Common Stock.
- 3. The restricted stock units are scheduled to vest in three equal annual installments on the second, third and fourth anniversaries of the transaction date reported above.
- 4. 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 \$16.26, 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/ Michael J. Stanton,

Attorney-in-Fact for Timothy

02/26/2015

M. Hayes

** 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.