			UNITED	STATES SECURITIES AND EXCHANGE COMMISSION										OMB APPRO		
FORM	1		Washington, D.C. 20549											umber: 3235-0287 :: January 31, 2005		
4	-		E											ed average burden		
		-											hours p	er response 0.5		
	STATI	EMENT OF	CHAN	GES I	N BENEI											
Check this box i		-														
Form 4 or Form 5 obligations may				o Section 16(a) o		Uti	lity									
1. Name and Address	son*	2. Issuer Name and Ticker or Trading Symbol									6. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Wish, Barry Neal				Ocwen Finar	ncial Co	ion (NYS	(NYSE:OCN)			х	Director				10% Owner	
(Last)	(First)	(Middle)		Social Secur		4. Statement for				Officer	give			Other (specify)	
				Number o		Month/Year April/2003						title below)		below)		
1675 Palm Be	each La	kes	Blvd													
	(Street)							5. If Amendment,			ndividual or Jo	int/Group	Filing (Ch	neck Applicable Line)		
West Palm Be	each Flo	orida	a 33401				Date of Original 2			orm filed by C	ne Report	ing Person				
							Form filed by More than On					e Reporting Person				
(City)	(State)	(Zip)				,									
						Tal	ole I Non-Deriv	ative Securiti	es Acqui	red,	Disposed of,	or Benefic	ially Own	ned		
1. Title of Security (Instr. 3)				2. Trans- action Date	Trans- action Trans- action			curities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				Beneficially ship Owned at Form:		Owner-	7. Nature of Indirect Bene- ficial- Owner- ship	
				(Month/ Day/								End of Month		D) or Indirect		
				Year)	Code	V	Amount	(A) or (D)	P	Price (Instr. 4)		(I) (Instr. 4)		(Instr. 4)		
Common Stock (1)				04/30/03	S		1,000	D	\$3.559)				I	By Wishco	
										8,440,	305					
*Sale in accordance with the Plan.																
FORM 4 (continued)					Tabl						_			Beneficially O	wned	

(continued)													
1. Title of Derivative Security (Instr. 3)	2. 3. 4. Transaction Exercise Date Code Price of Deriv- (Month/ ative Day/ Security Year) 2. Conver- 3. 4. Transaction Exercise Code Code Code Code Code Code Code Cod		6. Date Exer- cisable and Expiration Date Month/Day/ Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		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 Benefi- cial Owner ship (Instr. 4)			
					Date	Expira-		Amount or		Month (Instr.			

										Number of		4)			
			Code	V	(A)	(D)	Exer- cisable	tion Date	Title	Shares					
								/s/ I	/s/ Paul A. Koches, Attorney-in-Fact				04/30/03		
									**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.															
	otential persons who are to respond to the collection of information contained this form are not required to respond unless the form displays a currently valid OMB number.														