| | | | UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | OMB APPROVAL | | | | | |
|-------------------------------------|----------|---|--|---|--------------|----|--------------------|--|-----------|----------------------------|--|--------------|-------------------------|---|------------|--------------------|--|
| FORM | <u>л</u> | | Washington, D.C. 20549 | | | | | | | | | | | umber: 3235-0287 : January 31, 2005 | | | |
| 4 | | | | | | | | | | | | | | ed average burden | | | |
| | | | | | | | | | | | | | | hours per response 0.5 | | | |
| | STATI | EMENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | | | | | | | | | | |
| Check this box i | | | | | | | | | | | | | | | | | |
| Form 4 or Form 5 obligations may | | | | o Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility ompany Act of 1935 or Section 30(f) of the Investment Company Act of 1940 | | | | | | | | | | | | | |
| 1. Name and Address | n* | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | | 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Wish, I | | Ocwen Fina | ncial Co | tion (NYS | (NYSE:OCN) | | | Х | Director | | | | | 10% Owner | | | |
| (Last) | (First) | | (Middle) | | Social Secu | | 4. Statement for | | | | Officer (| give | | | | Other (specify) | |
| | | | | Number o Person (V | of Reporting | | Month/Year April/2 | | | | | title below) | | | below) | | |
| 1675 Palm Bo | each Lal | kes E | Blvd | | | | | | | | | | | | | | |
| | (Street) | | | | | | | 5. If Amendment, | | | dividual or Jo | int/Group | Filing (Ch | eck Applicable Line) | | | |
| West Palm Be | each Flo | rida | 33401 | | | | Date of Original | | | X Form filed by One Report | | | ing Person | | | | |
| | | | | | | | | | | | n filed by Mor | e than On | Reportin | g Person | | | |
| (City) | (State) | | (Zip) | | | | ' | | " | | | | | | | | |
| | | | | | | Ta | ble I Non-Deriv | vative Securiti | ies Acqui | red, l | Disposed of, o | or Benefic | ially Own | ed | | | |
| 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) | | | 5. Amount of Securities Beneficially Owned at Owned at Owned at Owned at | | Owner- ship Form: | 7. Nature of Indirect Bene- ficial- Owner- ship | | | |
| | | | | (Month/ Day/ | | | End o Montl | | | | | | | D) or Indirect | | | |
| | | | | Year) | Code | V | Amount | (A) or (D) | P | rice | (Instr. 3 4) | | r. 3 and (I) (Instr. 4) | | (Instr. 4) | | |
| Common Stock (1) | | | | 04/23/03 | S | | 1,000 | D | \$3.602 | | | | | I | By Wishco | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 8,445, | 305 | | | | | | |
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| *Sale in accordance with the Plan. | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| FORM 4 (continued) | | | | | Tabl | | | | | | | | | Beneficially O | wned | | |

| FORM 4 (continued) | Table II Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
|---|--|--|--|--|------|---|--|--|---|---|---|--|--|
| Title of Derivative Security (Instr. 3) | 2. Conversion or action Exercise Date Code Price of Derivative Security Security 2. Conversion Transaction Code Code Code Code Code Code Code Code | | | | | 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 Beneficial Owner ship (Instr. 4) | | |
| | | | | | Date | Expira- | Amount | | Month (Instr. | | | | |

| | | | | | | | | | | Number of | | 4) | | | |
|--|--|--|------|---|-----|-----|------------------|--------------|---------------------------------|----------------|-------|----|----------|--|--|
| | | | Code | V | (A) | (D) | Exer- cisable | tion Date | Title | Shares | | | | | |
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| | | | | | | | | /s/ I | Paul A. Koches | , Attorney-in- | -Fact | | 04/23/03 | | |
| | | | | | | | | | **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. 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. | | | | | | | | | | | | | | | |