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OCWEN FINANCIAL CORP

Form 4

February 03, 2003

	UNITE	D STATES SECURITIES AND EX COMMISSION	OMB APPROVAL					
FORM 4		Washington, D.C. 20549	OMB Number:K235-0287	•				
Check this box if no longer	STATEMEN	T OF CHANGES IN BENEFICIAL	Expires: January 31, 2005 Estimated average burden hours per responseH.5					
to Sec 16. For or For obl ma cor Sec Ins 1(b) (Pr or	Holding tion Tm 4 Tm 5 Igations Ay Attinue. Attinu	nt to Section 16(a) of the Securities E 1934, Section 17(a) of the Public Uti 2 Company Act of 1935 or Section 3 Investment Company Act of 1940	lity 0(f) of the					
1. Name a of Reportin	and Address ng Person*	2. Issuer Name and Ticker or Trading Symbol		6. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	ish, Barry Neal	Ocwen Financial Corporation (NYSE:OCN)	I X	Director	10% Owner			
Last) (Firs	t) (Middle)							

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			3. IRS or Social Security Number of Reporting Person (Voluntary)	4. Staten for Month/Y	(give		title below)	Other (spec
1675 Blvd		ach Lakes						
	(Stree			5. If Amendiffe Date of Original	Individual or Ling Applicable Ling X Form filed be porting Person Form filed by an One Report	oup Filing		
(City)	(State)	(Zip)		Po	erson			
1. T	itle of Sec	curity		Taburities Acquired, I . Securities Auxinitidn(A) or Disposed (D) (Instr. 3, 4 au 5)	Disposed of, or	5. Amo	unt OwneT-sMptur Form: of Direct Indirect	
			(Month/ Day/ Code V A Year)	mount (A) Pri	ce	End of Month (Instr. 3 and	D) or Indirect (Instr. 4) (I) (Instr. 4)	

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							4)	
Common Stock *	01/31/0	3 S	1,000	D	\$2.883		I	By Wishco
Common Stock *	02/03/0	3 S	1,000	D	\$2.904		I	By Wishco
						8,500,3	05	
*Sale in accordance with the Plan.								

FORM 4 (continued)			Tab	ole II				•	•	osed of, or		/ Owned
1. Title of Derivative Security (Instr. 3)	2. C sion or Exer Price of Deri- ative Secu	act Da cise (I Da 7- Ye	/Ionth/ //	tion Coc		of Der ativ Sec Acc (A) or	e urities uired posed tr.	Exer- cisal and Expira Date	le tion	7. Title and Amount of Underlyin Securities (Instr. 3 and 4)	at Se ity	Deri eriv Den ve ativ cur Sec ities Ben Instficia
							Date	Exp	ra-	Amount or Number		M (Ins 4)
			Code	V	(+	A) (Exer- D) cisable	tion Date		of Shares		

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		s/ E. Pau attorney	ıl Rubino, -in-Fact										
										nature of ing Person			
**Intentional mi Violations.	sstatements or	omissions of	facts co	nstitu	ite Fed	eral Cr	riminal						
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.													

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