OCWEN FINANCIAL CORP

Form 4

April 22, 2003

	UNITE	D STATES SECURITIES AND EX COMMISSION	Ol	OMB APPROVAL			
FORM 4		Washington, D.C. 20549	OMB Numb	3			
-	STATEMEN	T OF CHANGES IN BENEFICIAL	Expire				
Check			January 31, 2005				
this box if no longer			Estimated average burden hours per responseH.5				
to Sea 16. For or For obl ma con Sea Ins 1(t (Pr or Ty	eject 1 Holding etion mm 4 mm 5 ligations by ntinue. struction c).	nt to Section 16(a) of the Securities E 1934, Section 17(a) of the Public Uti g Company Act of 1935 or Section 3 Investment Company Act of 1940	lity 0(f) of the				
1. Name a of Reportin	nd Address ng Person*	2. Issuer Name and Ticker or Trading Symbol			 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) 		
	ish, Barry Jeal	Ocwen Financial Corporation (NYSE:OCN)	I X	Director		10% Owr	

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				3. II Socia Secu Nu of Repo Per (Vol	al rity mber orting son	Ţ	for M	ont	temen h/Yea		Officer (give		title below)	Othe (spec	
1675 Palı Blvd	m Bea	ch Lakes													
West Pal	(Street) West Palm Beach Florida K3401							ate	7. Individual or Joint/Group Filing Inficint, Applicable Line) X Form filed by One Reporting Person al Form filed by More than One Reporting Person				oup Filing		
(City) (Sta	ate)	(Zip)													
			Non	-Derivat	tive S	Securitie	s Acqui		Гаble l, Dis j		of, or B	enefic	ially Owned		
	1. Title of Security (Instr. 3)			2. T Date							oi Se B	f ecuriti enefici wned			
				(Me Day/	onth/						0	End f Ionth	D) or Indirect		
				Code Ye:		Amount	(A) or (D)		Price		3	(Instr. nd	(Instr. 4) (I)		

								4)	(Instr. 4)	
Common Stock (1)	04/21/	/03 S	1	,000	D	\$3.458		Ι	By Wishco	
Common Stock (1)	04/22/	/03 S		,000,	D	\$3.501	<u> </u>	Ι	By Wishco	
	<u> </u>	<u> </u>	#	\downarrow	\downarrow		8,446	,305		-
*Sale in accordance with the Plan.										-
FORM 4 (continued)		•		Table				-	Disposed of, or B	eneficially Owne
1. Title of Derivative Security (Instr. 3)	2. C sion or Exer Price of Deriv ative Secu	cise	3. Tran act on Date (Mont Day/ Year)	tic Co	Transa on ode (Instr.	ac- 5. of Deri ative Secu Acco (A) or	Number e urities uired posed		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	10. 8. Pr lKter of DerivSee ative ati
							Date	Expira-	Amount or Number	N (In 4)
ī				ode V		T	Exer-	tion Tit	of	

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	/s/ Paul A. Koches, Attorney-in-Fact	
	**Signature of Reporting Person	
**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.		

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