

OCWEN FINANCIAL CORP  
Form 4  
August 09, 2010

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
LACY WILLIAM H

2. Issuer Name and Ticker or Trading Symbol  
OCWEN FINANCIAL CORP  
[OCN]

5. Relationship of Reporting Person(s) to Issuer  
  
(Check all applicable)

(Last) (First) (Middle)  
  
1661 WORTHINGTON ROAD, SUITE 100  
  
(Street)

3. Date of Earliest Transaction (Month/Day/Year)  
05/17/2005

Director  10% Owner  
 Officer (give title below)  Other (specify below)

WEST PALM BEACH, FL 33409  
  
(City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)		
				(A) or (D)	Code	V	Amount	(D)	Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

**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 control number.**

SEC 1474 (9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction	5. Number of Derivative	6. Date Exercisable and Expiration Date	7. Title and Amount of Underlying Securities	8. P
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Security (Instr. 3)	or Exercise Price of Derivative Security	any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)	(Instr. 3 and 4)	Sec (Ins)			
			Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Units	\$ 0	05/17/2005	A		2,683		<u>(1)</u>	<u>(2)</u>	Restricted Stock Units	2,683
Restricted Stock Units	\$ 0	05/04/2006	A		1,794		<u>(1)</u>	<u>(2)</u>	Restricted Stock Units	1,794
Restricted Stock Units	\$ 0	05/10/2007	A		2,124		<u>(1)</u>	<u>(2)</u>	Restricted Stock Units	2,124
Restricted Stock Units	\$ 0	05/08/2008	A		5,510		<u>(1)</u>	<u>(2)</u>	Restricted Stock Units	5,510
Restricted Stock Units	\$ 0	05/06/2009	A		4,049		<u>(1)</u>	<u>(2)</u>	Restricted Stock Units	4,049
Restricted Stock Units	\$ 0	05/06/2010	A		3,827		<u>(1)</u>	<u>(2)</u>	Restricted Stock Units	3,827

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
LACY WILLIAM H 1661 WORTHINGTON ROAD SUITE 100 WEST PALM BEACH, FL 33409	X			

## Signatures

/s/ Teresa L. Denoncourt,  
Attorney-in-Fact

08/09/2010

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* 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).
- (1) Directors Restricted Stock Grant - Deferred - Payable in cash or common stock on the six-month anniversary of the Director's termination date.
- (2) Unclaimed amounts shall be forfeited two (2) years after the date upon which the payment of any benefits becomes due.

Note: File three copies of this Form, one of which must be manually signed. If space 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.