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OCWEN FINANCIAL CORP

Form 4

December 24, 2002

	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 BENEFICIAI	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	ject Holding tion m 4 m 5 igations y tinue. truction).	nt to Section 16(a) of the Securities In 1934, Section 17(a) of the Public Uting Company Act of 1935 or Section 3 Investment Company Act of 1940	lity $60(f)$ 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)				
Wi N	sh, Barry Ieal	Ocwen Financial Corporation (NYSE:OCN)	I X	Director	10% Owner			
Last) (Firs	t) (Middle)							

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				3. IRS of Social Security Number of Reporting Person (Volunta	r g	for M		ment Year er/200		Offic (give		title below)	Other (spec
1675 Blvd		ach Lakes											
	(Stree t Palm ch Florida					7. Individual or Joint/Group Filing 5. If Amendment, Applicable Line) Date of Coriginal Form filed by One Reporting Person Original Form filed by More than One Reporting Person						oup Filing	
(City)	(State)	(Zip)			<u> </u>							L	
1. T	itle of Sec	curity	Non	a-Derivative	Securitie			ble I Disp o	osed	of, or	Benefic	ially Owned	
	(Instr. 3)			2. Trans-fickinspairtion(A) Date Code (Instr. or Disposed of 8) (D) (Instr. 3, 4 and 5)						- - -	_	ally Bene-	er-
				(Month Day/	/						End of Month	D) or Indirect	
				Code V Year)	Amount	(A) or (D)	Pr	rice			(Instr. 3 and	(Instr. 4) (I) (Instr. 4)	

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							4)	
Common Stock *	12/23/	02 S	1,000	D	\$2.572		I	By Wishco
						8,527,3	05	
*Sale in accordance with the Plan.								

FORM 4 (continued)			Tal	ole II				•	•	osed of, or		•	y Owned
1. Title of Derivative Security (Instr. 3)	2. C sion or Exer Price of Deri ative Secu	a Eise E V- Y	Trans- ct on Date (Month/ Day/ Year)	tion Coo		of Der ativ Sec Acc (A) or	e urities uired posed tr.	cisal and Expira	le tion	7. Title and Amount of Underlyin Securities (Instr. 3 and 4)	g	at Se ity	IDEri crivSerive ativ curSec ities Ben Instficis
							Date	Exp	ra-	Amount or Number of			M (Ins 4)
			Code	V	(4	A) (Exer- D) cisable	tion Date	Title	Shares			

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											I		
	/s	s/ E. Pau	ıl Rubino,										
									**Signature of				
									Reporting Person				
**Intentional mid Violations.	sstatements or	omissions of	facts co	nstitu	ite Fed	eral Cr	iminal					•	
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.													

SEC 1474 (7-96) Page 2 of 2