## Edgar Filing: OCWEN FINANCIAL CORP - Form 4

## OCWEN FINANCIAL CORP

Form 4

March 04, 2003

	UNITE	D STATES SECURITI COMMISS		OMB	APPROVAL		
FORM 4		Washington, D.	C. 20549		OMB Number:I		
	STATEMEN	T OF CHANGES IN F	BENEFICIAL O	WNERSHIP	Expires:		
Check this box if no longer			Estimated average burden hours per responseH.5				
to See 16. Fo or Fo obl ma con See Ins 1(t) (Pr or	tject Holding Holding tion  That 4  That 5  The gations as tinue.  Struction c).	nt to Section 16(a) of th 1934, Section 17(a) of t g Company Act of 1933 Investment Compan	y				
1. Name a of Reportin	and Address ng Person*	2. Issuer Name and Trading Symbol	Ticker or			6. Relationship of Reporting Person(s) to Issuer (Check all applicable)	
	ish, Barry Neal	Ocwen Financial Cor (NYSE:OCN)	poration	X	Pirector		10% Owner
(Last) (Firs	t) (Middle)						

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			3. IRS or Social Security  Number of Reporting  Person (Voluntary)	4. Sta for Mont March	h/Year	Officer (give	title below)	Other (specify) below)
1675 Blvd		ach Lakes						
	(Stree	et)		5. If Amen	Infen€k Appl		oup Filing	
West Palm Beach Florida K3401				Date of Origin	Reporting al Form f	n filed by One g Person iled by More Reporting		
(City)	(State)	(Zip)						
			Non-Derivative Seco		Table I	d of, or Benefic	ially Owned	
1. T	itle of Seo	·	4. 2. Træns firæn Date Coce (Instr. 8)	or Dispos (D) (Instr. 3, 4			ally Bene-	
			(Month/ Day/			End of Month	D) or Indirect	
			Code V An Year)	nount (A) or (D)	Price	(Instr. 3 and	(Instr. 4) (I)	

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							4)	(Instr. 4)
Common Stock *	03/03/0	3 S	1,000	D	\$2.947		I	By Wishco
Common Stock *	03/04/0	3 S	1,000	D	\$2.902		I	By Wishco
						8,480,3	05	
*Sale in accordance with the Plan.								

FORM 4 (continued)			Tal	ole II				-	_	osed of, or	·	/ Owned
1. Title of Derivative Security  (Instr. 3)	2. C sion or Exer Price of Deri ative Secu	a E cise E v- Y	. Trans-ction Date (Month/ Day/ Year)	tion Coc		of Der ativ Sec Acc (A) or	e urities uired posed tr.	cisab and Expira	le tion	7. Title and Amount of Underlyin Securities (Instr. 3 and 4)	at: Se ity	crivSective ative cur-Sectifies ities Ber Instfici
							Date	Expi	ra-	Amount or Number		M (Ins 4)
			Code	V	(A	) (	Exer- D) cisable	tion Date	Title	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.												
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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