OCWEN FINANCIAL CORP

Form 4

March 28, 2003

	UNITE	D STATES SECURITIES AND EXO COMMISSION	C	OMB APPROVAL						
FORM 4		Washington, D.C. 20549		OMB Num						
	STATEMEN	T OF CHANGES IN BENEFICIAL	-	Expires: January 31, 2005						
Check this				Estimated average burden						
box if no longer				hours	hours per responseH.5					
to Sec 16. For or For obl ma cor Sec Ins 1(b (Pr or Ty)	rject I Holding tion m 4 m 5 ligations y ntinue.	nt to Section 16(a) of the Securities E 934, Section 17(a) of the Public Util g Company Act of 1935 or Section 30 Investment Company Act of 1940	ity							
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)	x	Director		10% Own				
Last) (Firs	t) (Middle)									

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				3. II Socia Secu Of Repo Per (Volu	al rity mber orting son	Ţ	for M	ont	temen h/Yea /2003		Officer (give		title below)	Othe (spe	
1675 Palı Blvd	m Bea	ich Lakes													
(West Pali Beach F		,						iend ate	Inféne <u>X</u> Repo al Fo	Form Form orting rm file One F	ual or Jo able Line) filed by Person ed by M Reporting	One	oup Filing		
(City) (Sta	ate)	(Zip)													
			Non	Table I Non-Derivative Securities Acquired, Disposed of,							of, or B	enefic	ially Owned		
	1. Title of Security (Instr. 3)			2. T Date							ot Se B	f ecuriti enefici wned			
				(Me Day/	onth/						ot	End f Ionth	D) or Indirect		
				Code Ye:		Amount	(A) or (D)		Price		3	(Instr. nd	(Instr. 4) (I)		

										4)	(In 4)	str.			
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*Sale in accord with the Plan.	dance														
FORM 4 (continued)					Tab	le II				•	•	osed of, or		•	' Owne
1. Title of Derivative Security (Instr. 3)		2. C sion or Exer Price of Deriv ative Secu	7-	actio Date	e lonth/ /	tion Coc		of Der ativ Sec (A) or	iv- e urities uired posed tr.	6. Date Exer- cisable and Expiratio Date Mon h/ Year)		7. Title and Amount of Underlyin Securities (Instr. 3 and 4)		ati Se ity	Defr crivSDe ve ativ curSec
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												Number of			(m 4)

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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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