

OCWEN FINANCIAL CORP

Form 4

April 03, 2003

| | | | | | | | | | |
|--|---------|----------|--|--|--|---|--|-----------|--|
| | | | UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | OMB APPROVAL | | | |
| FORM 4 | | | | Washington, D.C. 20549 | | | OMB Number:K235-0287 | | |
| | | | | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | Expires: | | |
| | | | | | | | January 31, 2005 | | |
| Check this box if no longer | | | | | | | Estimated average burden hours per responseH.5 | | |
| 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(f) of the Investment Company Act of 1940 subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). (Print or Type Responses) | | | | | | | | | |
| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol | | | 6. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| Wish, Barry Neal | | | Ocwen Financial Corporation (NYSE:OCN) | | | Director X | | | |
| (Last) | (First) | (Middle) | | | | | | 10% Owner | |

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|---------------------------------|---------|-------|--|---|--|---|--|------------------|--|---|--|---|--|--|--|
| | | | | 3. IRS or Social Security | | 4. Statement for | | Officer (give | | | | Other (specify) | | | |
| | | | | Number of Reporting | | Month/Year | | | | title below) | | below) | | | |
| | | | | Person (Voluntary) | | April/2003 | | | | | | | | | |
| 1675 Palm Beach Lakes Blvd | | | | | | | | | | | | | | | |
| (Street) | | | | --- --- --- | | | | 5. If Amendment, | | 7. Individual or Joint/Group Filing | | | | | |
| West Palm Beach Florida K3401 | | | | | | | | Date of Original | | <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person | | | | | |
| | | | | | | | | | | | | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | |
| | | | | Table I | | | | | | | | | | | |
| | | | | Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date Code (Instr. 8) | | 3. Acquisition (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 4. Securities | | 5. Amount of Securities Beneficially Owned at | | 6. Owner Form: Direct Indirect Beneficial-Ownership | | 7. Nature of Indirect Beneficial-Ownership | |
| | | | | (Month/Day/ | | | | | | End of Month | | D) or Indirect | | | |
| | | | | Code V Year) | | Amount (A) or (D) | | Price | | | | (Instr. 3 and | | (Instr. 4) (I) | |

| | | | | | | | | | |
|------------------------------------|----------|---|--|-------|---|---------|-----------|----|------------|
| | | | | | | | | 4) | (Instr. 4) |
| Common Stock (1) | 03/31/03 | S | | 1,000 | D | \$3.038 | | I | By Wishco |
| Common Stock (1) | 04/01/03 | S | | 1,000 | D | \$2.96 | | I | By Wishco |
| | | | | | | | 8,460,305 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| *Sale in accordance with the Plan. | | | | | | | | | |
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| FORM 4 (continued) | | Table II Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
|---|---|---|--|--|---|--|---|---|--|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Deriv- ative Security | 3. Trans- action Date (Month/ Day/ Year) | 4. Transac- tion Code (Instr. 8) | 5. Number of Deriv- ative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exer- cisable and Expiration Date Month/Day/ Year) | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Prior of Deriv- ative Secur- ity (Instr. 5) | 9. Beneficial Owner at End of | 10. C For Deri Secu ities Ben (Instr. 5) Ow at End of | | | | |
| | | | | | Date | Expira- | Amount or Number of Shares | | M (Ins 4) | | | | |
| | | | Code | V | (A) | (D) Exer- cisable | tion Date | Title | | | | | |
| | | | | | | | | | | | | | |

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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.