FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number: 3235-0104							
Estimated average burden							
hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

<u>Chatterjee Indroneel</u>	Date of Event equiring Statement tootht/Day/Year)  3. Issuer Name and Ticker or Trading Symbol Altisource Asset Management Corp.						мс]				
(Last) (First) (Middle) C/O AAMC, 5100 TAMARIND REEF  (Street) CHRISTIANSTED VI 00820  (City) (State) (Zip)				tionship of Reporting Perso all applicable)  Director  Officer (give title below)  Co-Chief Executive	10% Owne Other (spe below)	er (N	onth/Day/Year)  Individual or Joint plicable Line)  X Form filed b	date of Original Filed  /Group Filing (Check  y One Reporting Person  y More than One erson			
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				nt of Securities ally Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Securi			4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)				

**Explanation of Responses:** 

No securities are beneficially owned.

Stephen H. Gray, Attorney-in-

<u>Fact</u>

\*\* Signature of Reporting Person Date

01/16/2020

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

- \* If the form is filed by more than one reporting person, see Instruction 5 (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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.