FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person* Singer Paris Graham 2. Date of Event Requiring Stateme (Month/Day/Year) 01/01/2021		statement r/Year)	3. Issuer Name and Ticker or Trading Symbol Altisource Asset Management Corp [AAMC]						
(Last) (First) (Middle) 5100 TAMARIND REEF (Street) CHRISTIANSTED VI 00820 (City) (State) (Zip)			4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) General Counsel at	10% C Other below)	Owner 6 (specify	iled (Month/Day Individual or Jo Check Applicable X Form filed Person	pint/Group Filing e Line) by One Reporting by More than One		
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr.)	3. Owner Form: [(D) or li	Direct Ov	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 an Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security Converge (Instr. 4)		Conversion or Exercise	Form:	Ownership (Instr.		
				Amount	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)		

Explanation of Responses:

No securities are beneficially owned.

/s/ Paris Graham Singer 01/12/2021

** Signature of Reporting

Date

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.