FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response.	0.5							

	tion 1(b).	140. 000		Filed							es Exchang npany Act o		of 1934	4		nours	s per re	esponse:	0.5	
1. Name and Address of Reporting Person*  Byrd Ricardo					2. Issuer Name and Ticker or Trading Symbol Altisource Asset Management Corp [ AAMC]								(Che	eck all app	tionship of Reporti all applicable) Director Officer (give title		rson(s) to Is  10% Ov  Other (s	vner		
(Last) (First) (Middle) C/O AAMC, 5100 TAMARIND REEF					3. Date of Earliest Transaction (Month/Day/Year) 04/25/2022								belov			below)	pecity			
(Street) CHRIST (City)	IANSTED (St		00820 Zip)		4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									) K Form Form	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
ı		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Executy/Year) if any		Deemed cution Date, y nth/Day/Year)				es Acquired (A Of (D) (Instr. 3,			Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A) (D)	or F	Price	Transa	saction(s) r. 3 and 4)			(Instr. 4)	
Common stock 04/25/					/2022		P		1,886	A	1	<b>\$11.6</b>	.6 13,735			D				
		Tal									osed of, o				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Executii if any (Month/		4. Transaction Code (Instr. 8)  Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)  Code V (A)		rative rities ired r osed )	6. Date Exercisable ar Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date Expiration Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amoun or Numbe of Title Shares		str.	. Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

**Explanation of Responses:** 

/s/ Kevin F. Sullivan, 04/27/2022 Attorney-in-fact

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).