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(b) of the Investment Company Act of 1940

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1. Name and Ad SAABNEE	dress of Reportin	2. Date of Event Requiring Statement (Month/Day/Year) 12/21/2012 3. Issuer Name and Ticker or Trading Symbol Altisource Asset Management Corp [AAMC]									
(Last) (First) (Middle) C/O AAMC, 402 STRAND STREET					(Check a	onship of Reporting Perso all applicable) Director	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) FREDERIKS ST. CROIX	EDERIKSTED, VI 00840-3531					Officer (give title below)	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)									
			Table I - Nor	-Derivati	ive Se	curities Beneficial	ly Owned				
1. Title of Security (Instr. 4)						t of Securities Ily Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						60	D				
		(e				rities Beneficially otions, convertible		s)			
1. Title of Derivative Security (Instr. 4)		2. Date Exercisable an Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Secur		ty (Instr. 4) Conv		ersion ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
							Amount	Price of Derivation Securit	ive	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Teresa L. Denoncourt, 01/08/2013 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.

^{*} 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).