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: 3235-028 | | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | |
| hours nor resnance | . 05 | | | | | | | | | | |

Form: Direct (D)

or Indirect

(I) (Instr. 4)

Beneficial

Ownership (Instr. 4)

| Instruc | tion 1(b). | pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | | | | | | | | Tiours per response. | | | | | | | |
|--|------------------------|--|-----------------|---|--|--------------|--------------------|--|--|------------------------------|-----------------------|---|--|---|--|---------------------------|------------|--|
| Name and Address of Reporting Person* Chatterjee Indroneel | | | | 2. Issu | 2. Issuer Name and Ticker or Trading Symbol Altisource Asset Management Corp [AAMC] | | | | | | | theck all app X Direct Y Office | onship of Reporting Person(s) to Isst all applicable) Director 10% Owr Officer (give title other (sp below) below) | | | ner | | |
| (Last) (First) (Middle) 5100 TAMARIND REEF | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/30/2021 | | | | | | | | | Chief Executive Officer | | | | | |
| (Street) CHRIST (City) | CHRISTIANSTED VI 00820 | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | ecur | ities Acq | uired, | Dis | posed of, | or Be | nefici | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | Transaction | | | | | nd Securi Benefi Owned | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | v | Amount | (A) or (D) | Price | | action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 01/30/2 | | | | .021 | | F | | 5,055 | D | \$20. | 92 5 | 4,945 | D | | | | | |
| | | Та | ble II - | | | | | | | osed of, convertible | | | | d | | | | |
| 1. Title of Derivative | 2. Conversion | 3. Transaction Date | | 3A. Deemed 4. 5. Number | | 5. Number of | 6. Date Expirat | | cisable and ate 7. Title and Amount of | | | 8. Price of Derivative | 9. Number derivative | of 10. Owner | | 11. Nature of Indirect | | |

(Month/Day/Year)

Explanation of Responses:

or Exercise Price of Derivative

Security

(Month/Dav/Year)

Remarks:

Security (Instr. 3)

1. Such 5,055 shares were forfeited by the reporting person to cover the tax withholdings on the vesting of his Inducement Award on January 30, 2021. The price per share used to determine the tax withholdings was the average of the high and low sale prices of the Company's common stock on January 29, 2021, which was the last business day prior to the vesting date. 2. Includes 40,000 remaining unvested restricted shares of common stock, which, upon vesting, settle for shares of common stock, subject to acceleration or forfeiture.

Date

Exercisable

P. Graham Singer, Attorney-

Securities

Underlying

Security (Instr. 3 and 4)

Amount Number

Shares

Derivative

Title

Security (Instr. 5)

Securities

Following

Reported

Transaction(s) (Instr. 4)

02/13/2021

Owned

Beneficially

In-Fact

Expiration

Date

** Signature of Reporting Person

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

if any (Month/Day/Year)

- * If the form is filed by more than one reporting person, see Instruction 4 (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).

Code (Instr.

8)

Code

Derivative

Securities Acquired

(A) or Disposed

of (D) (Instr. 3, 4

and 5)

(A) (D)

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.