

Altisource Residential Corp
 Form 3/A
 November 01, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * ERBEY WILLIAM C (Last) (First) (Middle) C/O AAMC, 402 STRAND STREET (Street) FREDERIKSTED, ST. CROIX, VIA 00840-3531 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/21/2012	3. Issuer Name and Ticker or Trading Symbol Altisource Residential Corp [RESI]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year) 01/08/2013	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
--	--	---	---	--	---

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
------------------------------------	--	---	--

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 control number.

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) Date Exercisable Expiration Date	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) Title Amount or Number of Shares	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	--	---	--	--	--

(Instr. 5)

Stock Options	12/21/2012	01/31/2014	Class B Common	5,660 ⁽¹⁾	\$ 1.35	D	Â
Stock Options	12/21/2012	01/31/2014	Class B Common	1,415 ⁽¹⁾	\$ 0.78	D	Â
Stock Options	12/21/2012	01/31/2015	Class B Common	5,319 ⁽¹⁾	\$ 1.01	D	Â
Stock Options	12/21/2012	01/31/2016	Class B Common	7,756 ⁽¹⁾	\$ 1.21	D	Â
Stock Options	12/21/2012	05/10/2017	Class B Common	11,424 ⁽¹⁾	\$ 1.5	D	Â
Stock Options	12/21/2012	07/14/2018	Class B Common	266,665 ⁽¹⁾	\$ 1.01	D	Â

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

ERBEY WILLIAM C
C/O AAMC, 402 STRAND STREET
FREDERIKSTED, ST. CROIX, VI 00840-3531

Â X Â X Â Â

Signatures

/s/ Teresa L. Denoncourt,
Attorney-in-Fact

11/01/2013

**Signature of Reporting Person

Date

Explanation of Responses:

* 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).

(1) This amendment to Table II is being filed solely to correct the expiration dates of the stock options received by the reporting person in connection with the December 21, 2012 spin-off of the Company from Altisource Portfolio Solutions S.A.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.