

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

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)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	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)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

(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, VIÂ 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.