FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|----------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average by | urdon | | | | | | | | |

| | Check this box if no longer subject to |
|----|--|
| ٦. | Section 16. Form 4 or Form 5 obligations may continue. See |
| J | obligations may continue. See |
| | Instruction 1(b). |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

37 hours per response: 0.5

| | | Reporting Person* | | | | | | | | | | | | | | | | | |
|--|---|--|--|-----------------|--|--|---|--|----------------------------------|---------------|----------------------|---|-----------------------|--------------------|--|---|---|--|--|
| (Last) | Name and Address of Reporting Person* White Heather | | | | 2. Issuer Name and Ticker or Trading Symbol Genpact LTD [G] | | | | | | | | | (CI | neck all app Direc | olicable) ctor | 10% (| Person(s) to Issuer 10% Owner Other (specify | |
| (Last) (First) (Middle) C/O GENPACT LLC 1155 AVENUE OF THE AMERICAS, 4TH FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/19/2020 | | | | | | | | | | X Officer (give title below) Other (specify below) SVP & General Counsel | | | | |
| (Street) NEW YORK NY 10036 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Sec | uritie | s Acc | quired | , Dis | posed o | f, o | r Bene | eficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | Execution Date, if any | | 3. 4. Securit Transaction Disposed Code (Instr. 5) | | | | | | l Securi Benefi | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code | v | Amount | | (A) or (D) | Price | Transa | action(s) 3 and 4) | | (1115411 4) | | | | |
| Common Shares 02/19/ | | | | | 9/2020 | | | | A | | 27,846 | 6 ⁽¹⁾ A | | \$0 | 64,241 | | D | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | Owned | | | | |
| Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Execution (Month/Day/Year) if any | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month/ | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. The reporting person was granted performance share units (PSUs) on February 13, 2019 that were subject to performance conditions which have been satisfied. Each PSU represents the contingent right to receive one common share. The PSUs will vest on January 10, 2022 subject to the reporting person's continued service through such date.

/s/ Thomas D. Scholtes, as

Attorney-in-fact for Heather 02/21/2020

White

** Signature of Reporting Person Date

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

- * 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).

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.