FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

|   | OMB APPROVAL             |                       |  |  |  |  |  |  |
|---|--------------------------|-----------------------|--|--|--|--|--|--|
|   | OMB Number:              | OMB Number: 3235-0104 |  |  |  |  |  |  |
| l | Estimated average burden |                       |  |  |  |  |  |  |
| l | hours per response:      | 0.5                   |  |  |  |  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

|  |  | 3. Issuer Name and Ticker or Trading Symbol Genpact LTD [ G ] |  |  |   |   |   |  |  |  |
|--|--|---|--|--|---|---|---|--|--|--|
| (Last) (First) (Middle) C/O GENERAL ATLANTIC SERVICE COMPANY LLC   |  |   | 4. Relationship of Reporting Perso<br>(Check all applicable)<br>Director | 10% Owner                              |   | 5. If Amendment, Date of Original Filed (Month/Day/Year)  |   |  |  |  |
| 3 PICKWICK PLAZA   |  |   | Officer (give title X Other (specify below)  See Remarks                 |  |   | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person |   |  |  |  |
| (Street) GREENWICH CT 06830  |  |   |  |  |   | Form filed by More than One<br>Reporting Person   |   |  |  |  |
| (City) (State) (Zip)   |  |   |  |  |   |   |   |  |  |  |
| Table I - Non-Derivative Securities Beneficially Owned   |  |   |  |  |   |   |   |  |  |  |
| 1. Title of Security (Instr. 4)  |  | . Amount of Securities<br>eneficially Owned (Instr. 4)        | 3. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 5)        |  | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |   |   |  |  |  |
| Common Shares  |  | 2,926,391   | I <sup>(1)</sup> S   |  | See footnote <sup>(1)</sup>                           |   |   |  |  |  |
| 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<br>Expiration Date<br>(Month/Day/Year) |   | 3. Title and Amount of Securi<br>Underlying Derivative Securi            |  | 4.<br>Convers<br>or Exerc                             | ise Form:   | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |  |  |  |
|  | Date<br>Exercisable  | Expiration<br>Date  | n<br>Title   | Amount<br>or<br>Number<br>of<br>Shares | Derivativ<br>Security                                 | ve or Indirect  |   |  |  |  |

## **Explanation of Responses:**

1. The reporting person owns shares of Genpact Investment Co. (Lux) SICAR S.a.r.l. ("GICo"), a holder of 118,597,405 shares common shares of Genpact Limited (the "Issuer"). The common shares of the Issuer reported on this Form 3 represents the number of common shares of the Issuer that the reporting person may be deemed to own based on its ownership interest in GICo.

## Remarks:

The reporting person may be deemed to be a member of a "group" for purposes of the Securities Exchange Act of 1934. The reporting person disclaims beneficial ownership of any securities deemed to be owned by the group that are not directly owned by the reporting person. This report shall not be deemed an admission that the reporting person is a member of a group or the beneficial owner of any securities not directly owned by the reporting person.

<u>Thomas J. Murphy, Managing Member</u>

08/01/2007

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.