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: 3235-0287								
Estimated average burden								
hours per response.	0.5							

Instruc	ction 1(b).			Filed							ies Exchang mpany Act o			4		Liidaid	- рол то			
Name and Address of Reporting Person* Tyagarajan N. V.				2. Issuer Name and Ticker or Trading Symbol Genpact LTD [G]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
													-	X Direc			10% Ov			
(Last)	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/02/2024									Office below	er (give title v)		Other (s below)	specify		
C/O GENPACT LLC 521 FIFTH AVENUE, 14TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
															X Form filed by One Reporting Person					
(Street) NEW YORK NY 10175														Form filed by More than One Repor Person				orting		
					Rule 10b5-1(c) Transaction Indication															
(City)	(St	ate) ((Zip)			CIC	,,,,	1(0)	Han	Jac	tion ma	Catio	J11							
(City) (State) (Zip) Check this box to indicate that a transaction was made purs satisfy the affirmative defense conditions of Rule 10b5-1(c).																				
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	fici	ally Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Exec		. Deemed ecution Date, any onth/Day/Year)		3. Transaction Code (Instr. 8)						nd Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V Amo		Amount	(A) (D)	(A) or Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Shares			05/02/	2024				A		6,707(1)	A	A	\$0	76	761,483 D				
Common	Shares														8,300 ⁽²⁾ I By					
		Та									osed of,					d				
						iiis, v	_	_			onvertib	_								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Expirati (Month/	on Da		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly [C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
													Amo	ount						

Explanation of Responses:

1. Represents an award of unvested restricted share units (RSUs) granted under the Genpact Limited 2017 Omnibus Incentive Compensation Plan. Each RSU entitles the holder to receive one common share at a future date. Subject to the reporting person's continued service, the RSUs will fully vest on December 31, 2024 and will be settled in common shares on December 31, 2025

Date

Exercisable

2. These shares are held in trust for the benefit of the reporting person's immediate family members. The reporting person's spouse is one of the trustees of the trust. The reporting person disclaims beneficial ownership of the reported securities held by the trust except to the extent of his pecuniary interest therein.

(D)

Remarks:

/s/ Thomas D. Scholtes, as Attorney-in-fact for N. V.

Shares

05/06/2024

<u>Tyagarajan</u>

Title

Expiration

** 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).

Code

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.