FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | DVAL | | | | | |
|---|------------------------|-----------|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | |
| l | Estimated average bure | den | | | | | |
| l | hours per response: | 0.5 | | | | | |

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

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

| 1. Name and Address of Reporting Person* Gallacher Charles Keith | | | | | | 2. Issuer Name and Ticker or Trading Symbol TELETECH HOLDINGS INC [TTEC] | | | | | | | | | k all applic Directo | tionship of Reporting all applicable) Director | | 10% Ov | wner |
|---|---|------------|--|--------|---|--|---|-----------|------------------|---------|-----------------------------------|-----------------------------------|----------------|-------------------------|---|---|---|--|---------------------------------------|
| (Last) 9197 S. I | ast) (First) (Middle) 97 S. PEORIA STREET | | | | | | | est Trans | action (N | /lonth/ | Day/Year) | X | below) | | Other (s below) Iarkets & Indus | | · | | |
| (Street) ENGLEWOOD CO 80112 | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Form fi | al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deri | vativ | e Se | curit | ies Ac | quired | , Dis | posed o | of, or E | enef | icially | Owned | l | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | 4 and Securit Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | | rice | Reported Transact (Instr. 3 a | tion(s) | | | (Instr. 4) |
| Common Stock ⁽¹⁾ 06/0 | | | | | 7/201 | 6 | | | М | | 15,00 | 0 A | A | \$0 | 40, | ,232 | | D | |
| Common | Stock ⁽²⁾ | | | 06/0 | 7/201 | /2016 | | F | | 4,103 | 3 I |) 5 | 27.47 | 36,129 | | | D | | |
| | | - | Table II - | | | | | | | | osed of converti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (8) | | of | | 6. Date Expirati | on Dat | of Secur Underly Derivation | | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e C S Illy D O (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu of | mber ares | | | | | |
| Restricted Stock | \$0 | 06/07/2016 | | | M | | | 15,000 | (1) | | (1) | Commo | n 15 | ,000 | \$0 | 30,000 |) | D | |

Explanation of Responses:

- 1. Reflects vesting of Restricted Stock Units ("RSUs") on June 7, 2016. The Reporting Person initially received 75,000 time-based RSUs on June 7, 2013. The RSUs vest 40% on June 7, 2015 and 20% annually thereafter for the remainder of the grant.
- 2. Reflects withholding of shares to satisfy tax obligations in connection with the vesting of RSUs. No shares were sold.

/s/ Charles Keith Gallacher 06/09/2016

** 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.