FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ington, D.C. 20549	OMB APPROVAL

ОМВ	Number:	3235-0287						
Estimated average burden								
houre								

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* MEHTA SHRIKANT				2. Issuer Name and Ticker or Trading Symbol TELETECH HOLDINGS INC [TTEC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
WEITIA SIIRIKANI													X	Directo	or		10% O	wner				
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/05/2015									Officer below)	(give title		Other (sbelow)	specify				
9197 S. PEORIA ST.																						
							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)						a,									Line)							
-	WOOD (CO	80112											X	Form	filed by One	e Rep	orting Perso	on			
														Form filed by More than One Reporting Person								
(City)	(State)	(Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
			16 1 - 14011			_				/ISF												
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,			a, Transaction Code (Instr. 5) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)					5. Amou Securitie Benefici	es Forr		n: Direct	7. Nature of Indirect Beneficial				
(Montange						(Month/Day/Yea								Owned I	Following (i) (I		nstr. 4)	Ownership				
								Code	v	Amount	(A) or (D) Price		,	Reporte Transac (Instr. 3	action(s) . 3 and 4)			(Instr. 4)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
									s, options													
1. Title of 2. 3. Transaction 3A. Deemed						4.		5. Number		6. Date Exercisable and		7. Title and		8. Price of		9. Number of		10.	11. Nature			
Derivative	Conversion		Execution I	Date, '	Transactio		on of		Expiration I		-\	Amount of		Derivative Security				Ownership Form:	of Indirect Beneficial			
Security or Exercise (Month/Day/Year) if any (Month/Day/Year)					Coae (8)	instr.	nstr. Derivative Securities		(Month/Day/Year) Securities Underlying					(Instr. 5)		Beneficially		Direct (D)	Ownership			
	Derivative Security			1	Acquired Derivative Set (Instr. 3 and 4								' '		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)				
Disposed								(111301. 3 81	iu 4)			Reported Transaction(s) (Instr. 4)		(1) (111311. 4)								
							of (D) (Instr. 3, 4															
						and 5)									(
				Г						Т			Amoun	t								
													or Numbe	r								
				- 1,	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	of Shares									
Restricted						Ė	()	(-,		+			J 50	+								
Stock Units ⁽¹⁾	\$0	06/05/2015			A		2,938		(1)		(1)	Common Stock	2,938		\$0	2,938		D				

Explanation of Responses:

1. The Reporting Person received 2,938 time-based RSUs on June 5, 2015. The RSUs vest in full on the earlier of: (i) the first anniversary of the date of the grant; (ii) the date of the succeeding year's annual meeting of stockholders; or (iii) any change-in-control event (as defined in the RSU Agreement).

/s/ Margaret B. McLean, as

06/09/2015 Attorney-in-Fact for Shrikant

Mehta

** 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.