SEC Form 5

FORM 5

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

Form 3 Holdings Reported.

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OWNERSHIP

OMB APPROVAL

| 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 Addre <u>Rothamel Pa</u> | ss of Reporting Perso <u>ul</u> | n* | 2. Issuer Name and Ticker or Trading Symbol <u>EZCORP INC</u> [EZPW] | (Check | tionship of Reporting Pers all applicable) Director Officer (give title | on(s) to Issuer 10% Owner Other (specify | | | | |
| (Last) 1901 CAPITAL | (First) PARKWAY | (Middle) | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 09/30/2011 | X | below) President & C | below) | | | | |
| (Street) AUSTIN | ТХ | 78746 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing Form filed by One Repo Form filed by More than | rting Person | | | | |
| (City) | (State) | (Zip) | | | Person | . 0 | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acq (D) (Instr. 3, 4 and | | or Disposed Of | 5. Amount of Securities Beneficially Owned at end of | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|---|---------------|----------------|---|---|---|
| | | | | Amount | (A) or (D) | Price | Issuer's Fiscal Year (Instr. 3 and 4) | | |
| Class A Non-Voting Common Stock | 08/15/2011 | | Α | 46.8643 | A | \$31.18 | 46.8643 ⁽¹⁾ | Ι | EZCORP, Inc. 401K |
| Class A Non-Voting Common Stock | | | | | | | 325,000 ⁽²⁾ | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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) | | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|---|-----|-----|-------------------------------------|--------------------|---|--|---|--|--|--|
| | | | | | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. This report on the 401(k) transaction is voluntary. The sole purpose is to disclose EZCORP'S matching contributions pursuant to EZCORP, Inc. 401(k) Plan and Trust (the "Plan"). The information in this report is based on a plan statement dated as of September 30, 2011.

2. The Total Non-Derivative Securities Beneficially Owned includes 325,000 unvested Restricted Stock Awards.

Remarks:

/s/ Laura Jones Attorney-in-

Fact

10/20/2011

** 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.

| OMB Number: | 3235-0362 | | | | | | |
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| Estimated average burden | | | | | | | |
| hours ner response. | 1.0 | | | | | | |