FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1		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

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1. Name and Address of Reporting Person* Swies Nicole					2. Issuer Name and Ticker or Trading Symbol EZCORP INC [EZPW]							(Ch	5. Relationship of Reporting F (Check all applicable) Director			10% Ow	/ner
(Last) 2500 BE	Last) (First) (Middle) 2500 BEE CAVE RD, BLDG. 1, SUITE 200				3. Date of Earliest Transaction (Month/Day/Year) 11/17/2021							X Officer (give title Other (specify below) Chief Revenue Officer					
(Street) ROLLIN (City)	ROLLINGWOOD TX 78746				4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Non-D	erivati	ve Se	curities	s Ac	quired, [Disp	osed o	f, or Be	neficial	ly Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D:				Э	Execution Date,		Code (Instr. 5)			Benefici Owned F	ities icially d Following (: Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
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/Yea	Code	saction e (Instr.			6. Date Exercisable Expiration Date (Month/Day/Year)			le and 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	e V	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	11/17/2021		A		9,808		(2)		(2)	Class A Non- Voting Common Stock	9,808	\$5.03 ⁽³⁾	132,943	3	D	
Restricted Stock Units	(1)	10/11/2022		A		44,124		(4)		(4)	Class A Non- Voting Common Stock	44,124	\$7.71 ⁽⁵⁾	177,063	7	D	

Explanation of Responses:

- 1. Each unit represents a contingent right to receive one share of EZCORP Class A Non-Voting Common Stock at the time of vesting,
- 2. Represent "bonus" units attributable to the fiscal 2021 Restricted Stock Unit award. These units were earned with achievement of the specified performance goal for fiscal 2021 and vest on September 30, 2023, subject to continued employment.
- 3. Closing market value on September 30, 2020. However, no consideration was paid for the award other than services rendered and to be rendered by the Reporting Person.
- 4. The units will vest in whole or in part on September 30, 2025, with 80% being subject to the attainment of specified performance goals in addition to continued employment, and the remaining 20% being subject to continued employment only.
- 5. Closing market value on September 30, 2022. However, no consideration was paid for the award other than services rendered and to be rendered by the Reporting Person.

Remarks:

Carrie Putnam, attorney-in-fact 10/13/2022

** Signature of Reporting Person

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.