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									

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

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

hours per response: 0.5

												0. 20 .0								
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol EZCORP INC [EZPW]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Welch Thomas H JR				122	ELCOIT INC [ELPW]									Directo	r		10% Ov	vner		
(Last)	(Ei	(rot)	(Middle)		3. [Date of Earliest Transaction (Month/Day/Year)									Officer below)	(give title		Other (s below)	specify	
						03/31/2016								5	Senior Vice President					
2500 BEE CAVE RD, BLDG. 1, SUITE 200																				
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
,	IGWOOD T	Γ Y	78746											7		led by One	Reno	orting Persor	,	
KOLLII	IGWOOD .	IA	70740											1		•		•		
(City)	(Si	tate)	(Zip)	,										Form filed by More than One Reporting Person						
		Tab	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired	, Dis	posed o	of, or B	ene	ficiall	y Owned					
1. Title of	Security (Inst	tr. 3)	1	2. Trans	action		2A. Deeme	ed	3.		4. Securi	ties Acau	ired (A) or	5. Amou	nt of	6. Ov	vnership	7. Nature	
Date				Day/Va	Execution Date, if any			Transaction Disposed Of (D)				Of (D) (Instr. 3, 4 a		Securitie Beneficia	s Form		n: Direct c	of Indirect Beneficial		
(Month/Da						(Month/Day/Yea							Owned F	ollowing (i) (Ir		str. 4)	Ownership			
										T.,	1	(A) or			Reported Transact			((Instr. 4)	
									Code	V	Amount	mount (A) or (D)		Price	(Instr. 3					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
											converti									
1. Title of	2.	3. Transaction	3A. Deemed				5. Number		6. Date Exercisa			7. Title and Am		mount	8. Price of	9. Numbe			11. Nature	
Derivative Conversion Security (Instr. 3) Price of Price of Security Price of Security (Instr. 3) Price of Security Price of Security (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)				Transaction Code (Instr.				Expiration Date of Securities (Month/Day/Year) Underlying					Derivative Security	derivative Securities Beneficially		Ownership Form:	of Indirect Beneficial			
				3)	Securities			Derivative Secu								(Instr. 5)	Direct (D)	Ownership		
	Derivative Security				Acquired (Instr. 3 and 4)		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)				
						Disposed										Reported Transaction(s)		, ,		
							of (D) (Instr. 3, 4 and 5)									(Instr. 4)				
													A	nount						
													or	ımber						
									Date		Expiration		of							
				-	Code	٧	(A)	(D)	Exercisa	able	Date	Title	SI	nares						
Described 1												Class A								
Restricted Stock	(1)	03/31/2016			Α		66,451		(2)		(2)	Non- Voting	6	5,451	\$0.00	100,85	52	D		
Units	I		l				1					Commo							1	

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. The shares vest, in whole or in part, on September 30, 2018, subject to the attainment of specified performance goals.

Remarks:

Thomas H. Welch, Jr.

Stock

04/04/2016

** 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.