FORM 4

UNITED STA

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ΑI	ES	SE	CU	KI	HES	AI	NL) E	=X	CH	ΑN	IGE	CC	MIN	ΛIS	55	IU	N

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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 ar		Reporting Person*		2.	. Issuer	Name an	d Ticl	ker or Tradin	g Syml	ibol					Person(s) to I	ssuer	
	John Bla			EZCORP INC [EZPW]								(Check all applicable) Director 10% Owner					
-											Officer	(give title	Othe	(specify			
(Last)	,	irst)		3. Date of Earliest Transaction (Month/Day/Year) 11/15/2024								below) below) Chief Operating Officer					
2500 BE	E CAVE RI	D., BLD 1 STE 2										contract of contract					
(Stroot)			— 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) ROLLINGWOOD TX 78746												Form filed by One Reporting Person					
,3,16													Form filed by More than One Reporting Person				
(City) (State) (Zip)												reisuii					
		Та	ble I - Non-D	erivati	ve Se	curities	s Ac	quired, D	ispo	sed o	f, or Be	neficially	/ Owned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			Code (Instr.				5. Amoun Securities Beneficia Owned Fo	s F Illy (ollowing (6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
					Code V Amount (A) or (D)				r Price	Transacti	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)	Conversion Date Execution Date or Exercise (Month/Day/Year) if any		Execution Date,	Date, Transa Code (I		ssaction le (Instr. Securities Acquired (A or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ct (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expi Date	iration	Title	Amount or Number of Shares	(Instr. 4)		(5)		
Restricted Stock Units	(1)	11/15/2024	11/15/2024	A		107,047		(2)	((2)	Class A Non- Voting Common Stock	107,047	\$11.21 ⁽³⁾	386,225	5 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. The units will vest in whole or in part on September 30, 2027, with 80% being subject to the attainment of specified performance goals in addition to continued employment, and the remaining 20% being subject
- 3. Closing market value on September 30, 2024. However, no consideration was paid for the award other than services rendered and to be rendered by the Reporting Person.

Remarks:

/s/ Carrie Putnam, Attorney-in-

Fact

** Signature of Reporting Person Date

11/19/2024

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.