SEC Form 4

FORM 4

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 0.5

| Filed p | 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 [*] APPEL MATTHEW W | 2. Issuer Name and Ticker or Trading Symbol <u>EZCORP INC</u> [EZPW] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|---|--|--|--|--|--|--|
| (Last) (First) (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 12/22/2023 | Officer (give title Other (specify below) below) | | | | |
| 2500 BEE CAVE ROAD BLDG. 1, SUITE 200 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) ROLLINGWOOD TX 78746 | | Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | Rule 10b5-1(c) Transaction Indication | | | | | |
| Table I - Non | Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|-----------------------------|---|--------|---------------|-------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Class A Non-Voting Common Stock | 12/22/2023 | 12/22/2023 | S | | 1,200 | D | (1) | 190,100 ⁽²⁾ | D | |

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

| | | | (0 / 1 | , | , | | | • • | | | | , | | | |
|---|---|--|--|------|---|---|-----|---------------------|--------------------|-------|---|---|--|--|--|
| 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) | | | 5. Number of Expiration Date Derivative (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | Deriv | unt of rities rlying ative rity (Instr. | 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) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Shares sold at average execution price of \$9.0112

2. 18,038 shares vest on the day immediately preceding the date of the Company's 2024 Annual Meeting of Stockholders (but no later than March 31, 2024).

Remarks:

/s/ Carrie Putnam, Attorney-12/27/2023 in-Fact

** 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.

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