

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Sajjani Sunil</u>  (Last) (First) (Middle) 2500 BEE CAVE ROAD BUILDING 1, SUITE 200  (Street) ROLLINGWOOD TX 78746  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>EZCORP INC [ EZPW ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director _____ 10% Owner _____ <input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) _____ <u>Chief Audit/LP Executive</u>
	3. Date of Earliest Transaction (Month/Day/Year) 11/17/2021	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

**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 Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

**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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and 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)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Restricted Stock Units	(I)	11/17/2021		A		9,278		(2)	(2)	Class A Non-Voting Common Stock	9,278	\$5.03 <sup>(3)</sup>	121,181	D	
Restricted Stock Units	(I)	10/11/2022		A		36,316		(4)	(4)	Class A Non-Voting Common Stock	36,316	\$7.71 <sup>(5)</sup>	157,497	D	

**Explanation of Responses:**

- Each unit represents a contingent right to receive one share of EZCORP Class A Non-Voting Common Stock at the time of vesting.
- 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.
- 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.
- 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.
- 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:**

/s/ Carrie Putnam, Attorney-in-Fact 10/13/2022

\*\* 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.