FORM 4

UNITED STATES S

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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

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

	e conditions of struction 10.	Rule 10b5-1(c).																		
1. Name and Address of Reporting Person* <u>Hicks Robert J</u>						2. Issuer Name and Ticker or Trading Symbol EZCORP INC [EZPW]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 2500 BEE CAVE ROAD, BLDG. 1, STE. 200					3. Date of Earliest Transaction (Month/Day/Year) 11/15/2024									Officer (give title Other (specify below) below) Chief Accounting Officer						
(Street) ROLLINGWOOD TX 78746 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	le I - Non-l	Deriva	ative	Sec	curities	s Ac	quired	, Dis	posed o	of, or B	enefi	cially	Owned	t t				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution			Code		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		4 and Securiti Benefic		es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A) (D)	P P	rice	Transact (Instr. 3	ction(s)			(
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 Da if any (Month/Day/Y	Date, Transac				tive ties ed	Expiration	. Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s silly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				С	ode	v	(A)	(D)	Date Exercisa		expiration Pate	Title	Amo or Nun of Sha	nber						
Restricted Stock Units	(1)	11/15/2024	11/15/202	24	A		6,690		(2)		(2)	Class A Non- Voting Common	6,6	590	\$11.21 ⁽³⁾	34,731	I	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 to continued employment only.
- 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.