Edgar Filing: Brown Shelaghmichael C. - Form 4

Brown Shelag	hmichael C.										
Form 4											
April 25, 2019											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							MMISSION				
								OMB Number:	3235-0287		
Check this			vv usii	ington, r						January 31,	
if no longer	STATE	EMENT O	F CHANG	ES IN B	ES IN BENEFICIAL OWNERSHIP O				Expires: 20		
subject to Section 16.		SECURITIES							Estimated average burden hours per		
Form 4 or									response 0		
Form 5	-						-	Act of 1934,			
obligations may contin				•	• •	•		1935 or Section	l		
See Instruct		30(h)	of the Inve	estment C	Company	Act	of 1940	1			
1(b).											
(Print or Type Re	sponses)										
1. Name and Address of Reporting Person _ 2. Issuer Name and Ticker or Trading 5. Relationship of						5. Relationship of l	Reporting Person(s) to				
Brown Shelaghmichael C. Symbol				- 1				Issuer			
			EZCORP	P INC [EZPW]				(Check all applicable)			
(Last)	(First)	(Middle)	3. Date of E	arliest Trar	isaction			(Check	an applicable)	
			(Month/Day	Ionth/Day/Year)				_X_ Director 10% Owner			
2500 BEE CAVE ROAD, BLDG. 1, 04/24/201			24/2019				Officer (give title Other (specify below) below)				
SUITE 200							· · · ·		001011)		
(Street) 4. If Amer			4. If Amend	mendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Month				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
ROLLINGWOOD, TX 78746									Ine Reporting Person fore than One Reporting		
KULLINGWU	JOD, 1X /8	/40						Person			
(City)	(State)	(Zip)	Table l	- Non-Dei	rivative Se	ecuriti	ies Acqui	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction			emed 3. 4. Securities Acquired Transactior(A) or Disposed of (D Code (Instr. 3, 4 and 5)				5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Y	(ear) Execu any	tion Date, if					Securities Beneficially	Ownership Form:	Indirect Beneficial	
(11041-0)	(Month/Day/Y							Owned	Direct (D) Owne	Ownership	
								Following	or Indirect	(Instr. 4)	
						(A)		Reported Transaction(s)	(I) (Instr. 4)		
				Cada V	Amount	or	Duice	(Instr. 3 and 4)	(mouter)		
Class A				Code v	Amount	(D)	Price				
Non-Voting					8,584		\$				
Common	04/24/2019			А	(<u>1</u>)	А		8,584	D		
Stock							(2)				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	fumber Expiration Date f (Month/Day/Year) berivative ecurities ccquired A) or bisposed f (D)		Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships						
1 8	Director	10% Owner	Officer	Other			
Brown Shelaghmichael C. 2500 BEE CAVE ROAD BLDG. 1, SUITE 200 ROLLINGWOOD, TX 78746	Х						
Signatures							
/s/ Carrie Putnam, Attorney-in-Fact		04/25/2019					

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) All shares vest on September 30, 2019.
- (2) Closing market value on date of award. However, no consideration was paid for the award other than services rendered and to be rendered by the Reporting Person.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.