FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
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

| Name and Address of Reporting Person* Sajnani Sunil | | | | | | 2. Issuer Name and Ticker or Trading Symbol EZCORP INC [EZPW] | | | | | | | | all applic Directo Officer | able) | g Pers | on(s) to Issu 10% Ow Other (s | ner |
|--|---|--|---|---|---|---|-----|--|-------------|------------------|--|--|---|--|---|----------|---|--|
| (Last) (First) (Middle) 2500 BEE CAVE ROAD BUILDING 1, SUITE 200 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2024 | | | | | | | | below) Chief Audit/LP Executive | | | | | |
| (Street) ROLLINGWOOD TX 78746 (City) (State) (Zip) | | | (Zip) | _ | 4. If Amendment, Date of Original Filed (Month/Day/Year) ative Securities Acquired, Disposed of, or Benefi | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| 1. Title of Security (Instr. 3) | | | | nsaction | ı 2 Bar) i | A. Deemed execution Date, any Month/Day/Year) | | 3. Transac Code (In 8) | 4. Securiti | | ties Acquired (A) of Of (D) (Instr. 3, 4 a | | r 5. Amour Securitie Beneficia Owned F Reported | | nt of ses Formally (D) of following distinction(s) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactior Code (Instr. 8) | | | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4) | | Der | 8. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | s Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | | |
| Restricted Stock Units | (1) | 11/15/2024 | 11/15/2024 | A | | 24,977 | | (2) | | (2) | Class A Non- Voting Common Stock | 24,977 | 7 \$1 | 1.21(3) | 103,28 | 3 | 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.