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

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

Frontier Merger Sub, LLC

690 E. LAMAR BLVD., SUITE 400

1. Name and Address of Reporting Person*

CSH Holdings LLC

(Street)
ARLINGTON

(City)

(First)

TX

(Middle)

76011

(Zip)

	ions may contir tion 1(b).	nue. See		File							es Exchanç			34		hours	per response:	0.5
	nd Address of	Reporting Person*			2. 19	ssuei	r Name a	ınd Tick	er or Tra	ding S	npany Act of Symbol ENVA]	or 1940	,		Check all a	pplicable)	ng Person(s) to	
(Last) (First) (Middle) 590 E. LAMAR BLVD., SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 10/05/2016									Director X 10% Owner Officer (give title Other (specify below)			er (specify	
Street) ARLING	TON T	X :	76011		4. If	f Ame	endment,	Date of	f Original	Filed	(Month/Da	y/Year)		ine) For X For	m filed by On	o Filing (Check e Reporting Pe re than One Re	rson
(City)	(Si	•	(Zip)															
. Title of S	Security (Inst		le I - No	2. Transa Date (Month/I	action	ar) i	2A. Deem Executior if any	ed n Date,	3. Transa Code (ction	4. Securiti Disposed 5)	es Acq	uired	(A) or	5. Ar Secu Bene	nount of irities eficially	6. Ownership Form: Direct (D) or Indirect	
					ľ	(Month/Day/Year)		8) Code	v	Amount	(A (D) or	Price	Repo	ed Following orted saction(s) r. 3 and 4)	(I) (Instr. 4)	Ownership (Instr. 4)	
Common	Stock, \$0.0	00001 par value		10/05	5/2016	5			S		10,924		D	\$9.	6(1) 5	,535,581	I	CSH Holdings LLC ⁽²⁾
Common Stock, \$0.00001 par value 10/06/			6/2016	2016			S		15,200)	D	\$9.3	38 ⁽³⁾ 5	,520,381	I	CSH Holdings LLC ⁽²⁾		
		Ta	able II - I	Derivat (e.g., pi	ive S	ecu alls	rities .	Acqui	ired, D option	ispo	sed of, onvertib	or Be	neficurit	ciall	y Owne	t	•	
. Title of perivative ecurity nstr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	ied n Date,	4. Transa Code (8)	action	5. Nu of	mber ative rities ired osed	6. Date E Expiratio (Month/D	xercis n Dat	sable and e	7. Title Amou Secur Under Deriva Secur and 4)	e and int of ities lying ative ity (Ins		8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amo or Nun of Sha					
	nd Address of	Reporting Person*	•	,				, ,								,	,	•
(Last) 590 E. L.	AMAR BL	(First) VD., SUITE 400	(Mide	dle)														
Street) ARLING	TON	TX	760	11		_												
(City)		(State)	(Zip)															
. Name an	nd Address of	Reporting Person*																

(Last) 1600 WEST TH S	(First) TREET	(Middle)
(Street) FORT WORTH	TX	76102
(City)	(State)	(Zip)

Explanation of Responses:

- 1. The price reported is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$9.52 to \$9.63. Upon request, reporting person will provide Enova International, Inc. ("Enova"), any security holder of Enova or the staff of the Securities and Exchange Commission full information regarding the number of shares sold at each price within such range.
- 2. These shares are owned directly by CSH Holdings LLC, which is a wholly-owned subsidiary of Frontier Merger Sub, LLC, which is a wholly-owned subsidiary of FirstCash, Inc.
- 3. The price reported is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$9.24 to \$9.54. Upon request, reporting person will provide Enova, any security holder of Enova or the staff of the Securities and Exchange Commission full information regarding the number of shares sold at each price within such range.

Remarks:

/s/ R. Douglas Orr, Authorized
Officer for FirstCash, Inc.,
Frontier Merger Sub, LLC and
CSH Holdings LLC

** 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.