FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL				
OMB Number:	3235-0104			
Estimated average burden				
hours per resp	onse: 0.5			

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*     Owen Randel G	2. Date of Event Requiring Statem (Month/Day/Year) 10/23/2009	ient 📙	s. Issuer Name <b>and</b> Ticker or Tra FIRSTCASH, INC [FO					
(Last) (First) (Middle) 6363 S. FIDDLERS GREEN CIRCLE			Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 1400	_		Officer (give title below)	Other (spe below)	, 10.	ndividual or Join plicable Line)	t/Group Filing (Check	
(Street) GREENWOOD VILLAGE CO 80111	_					<del></del>	y One Reporting Person y More than One terson	
(City) (State) (Zip)								
	Table I - Non	-Derivativ	ve Securities Beneficial	ly Owned				
1. Title of Security (Instr. 4)	Table I - Non	2. /	ve Securities Beneficial Amount of Securities Eneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	cṫ (D)   (Ins	ature of Indirect tr. 5)	: Beneficial Ownership	
1. Title of Security (Instr. 4)	Table II - D	2. A Bei	Amount of Securities	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (Ins		: Beneficial Ownership	
Title of Security (Instr. 4)      Title of Derivative Security (Instr. 4)	Table II - D	erivative s, warran	Amount of Securities eneficially Owned (Instr. 4)  Securities Beneficially	3. Ownersh Form: Direct or Indirect (Instr. 5)  Owned e securitie	ct (D) (Ins	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

<u>/s/ RANDEL G. OWEN</u> <u>02/10/2017</u>

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).