FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPR	ROVAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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

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

1. Name and Address of Reporting Person* FAULKNER MIKEL D						2. Issuer Name and Ticker or Trading Symbol FIRSTCASH, INC [FCFS]											ip of Reporting Person(s plicable) ector 1		10% C		
(Last) (First) (Middle) 180 STATE STREET						3. Date of Earliest Transaction (Month/Day/Year) 02/19/2019										Office			Other (specify below)		
SUITE 200 (Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
SOUTHLAKE TX 76092																Form filed by More than One Reporting Person					
(City)	(State)	(Zip)																		
		T	ıble I - No	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally C	Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution ay/Year) if any		A. Deemed xecution Date, any //onth/Day/Year)				ties Acquired (A) d Of (D) (Instr. 3,			4 and Secu Bene Own		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount		(A) or (D)	Price	, l	Reported Transaction(s) (Instr. 3 and 4)				(11150.4)				
Common Stock 02/19/									A		1,272	1) A S		\$	6,277		5,277	Г			
	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 Exercis Price of Derivative Security		3A. Deem Execution if any (Month/D	n Date,	Date, Transact Code (In:				6. Date E. Expiratio (Month/D	n Dat	е	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Pri Deriv Secui (Instr	ative rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owr Forr Dire or Ir (I) (I	nership n: ct (D) ndirect nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nun of	ount nber res							

Explanation of Responses:

1. Reflects a grant of restricted stock units ("RSUs") that shall vest on December 31, 2019 pursuant to the terms of the RSU award agreement or on a pro rata portion upon the termination of service other than for cause, with such pro rata portion determined based on the number of whole months that elapsed from the Grant Date to the termination of service; the vesting and payment of these RSUs will be accelerated if there is a change-in-control of the Company and the Units are not assumed by the surviving entity or otherwise equitably converted or substituted in connection with the Change in Control. The number of RSUs was determined by dividing \$100,000 by \$78.59, the 45 day trailing average of the closing price of the Company's common stock on Nasdaq on the day of the grant.

Remarks:

/s/ MIKEL D. FAULKNER 02/21/2019

** 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.