FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL

| 9.0.1, = 1.0. = 0.0 | OMB APPROVAL | | | | | |
|---------------------------|--------------|----------|--|--|--|--|
| S IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 | | | | |

Check this box if no longer subject to 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

| | OMB APPROVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | |
| l | Estimated average burden | | | | | | | |
| l | hours per response: | 0.5 | | | | | | |

| Name and Address of Reporting Person* Name Colland Bucklet Inc. Name Colland B | | | | | 2. Issuer Name and Ticker or Trading Symbol FIRST CASH FINANCIAL SERVICES | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
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| WESSEL RICK L | | | INC [FCFS] | | | | | | | | | X Direc | | ctor | | 10% C | wner | | | | |
| (Last) (First) (Middle) | | | | 110 [100] | | | | | | | | _ | X | Officer (give title below) | | | Other (specify below) | | | | |
| 690 E. LAMAR BLVD., STE. 400 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/30/2016 | | | | | | | | | Chairman & CEO | | | | | | | |
| (Street) ARLINGTON TX 76011 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| AKLING | 1011 | Α , | 70011 | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | orung | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | curitie | s Acc | quired, | Dis | posed o | f, oı | r Bene | eficia | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | and 5) Secur Benef | | cially I Following | Form: | nership Direct Indirect tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Trans | | action(s) 3 and 4) | | | (11150.4) | |
| Common Stock | | | | | 0/2016 | | | | | | 30,000 ⁽¹⁾ A ⁽¹⁾ | | \$ | \$0 959,700 ⁽²⁾ | | 9,700 ⁽²⁾ | | D | | | |
| | 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. Deem Execution if any (Month/Da | Date, | 4. Transa Code (I | | ion of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | | ivative (urity Str. 5) I | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | nership rm: ect (D) Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | of | | | | | | | | |

Explanation of Responses:

- 1. Restricted stock award pursuant to terms of the Company's Restricted Stock Incentive Plan for fiscal 2016. The award will vest in annual installments from 2016 through 2019, subject to attainment of preestablished annual performance measures.
- 2. Includes 75,000 shares of non-vested restricted stock. Vesting is contingent pursuant to the Company's shareholder-approved Executive Performance Incentive Plan.

Remarks:

03/29/2016 /s/ Rick L. Wessel

** 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.