FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB AP | PROVAL |
|-----|-------------|----------|
| | OMB Number: | 3235-028 |
| - 1 | | |

37 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).

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 GRAVES JAMES H | | | | | | FIRSTCASH, INC [FCFS] | | | | | | | | | Check all a | all applicable) Director | | 10% C | | |
|--|---|------|------------------|--------------------------------------|--------------|---|---|------------------------------------|--------------------------------------|-----------|---|--------------|--|--|---|--|---|---|-----------|--|
| (Last) 1600 W. | (Last) (First) (Middle) 1600 W. 7TH STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2017 | | | | | | | | | | icer (give title ow) | | Other below) | (specify | |
| (Street) FORT W | FORT WORTH TX 76102 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | ne) X Fo Fo | rm filed by On | or Joint/Group Filing (Check Applicable In filed by One Reporting Person In filed by More than One Reporting Isson | | | |
| | | Tabl | e I - Nor | า-Deriv | ative/ | Se | curitie | s Acc | quired, | Dis | posed o | f, or | Bene | eficia | ally Ow | ned | | | | |
| Date | | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd Secu Ben Own | nount of irities eficially ed Following orted | Forr (D) | 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 | Tran | saction(s) r. 3 and 4) | | | (11341.4) | |
| Common Stock | | | | 02/08 | 08/2017 | | | | A | A 2,06 | | (1) A | | \$ | 0 | 29,358 | | D | | |
| | | Та | able II - D) | | | | | | | | sed of, onvertib | | | | y Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | ve Conversion Date Executio or Exercise (Month/Day/Year) if any | | Date, | 4. Transaction Code (Instr. 8) | | | ative rities ired osed . 3, 4 | 6. Date E Expiratio (Month/D | n Dat | Amount of | | ount nber | 8. Price o Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Reflects a grant of restricted stock units ("RSUs") that shall vest one year from the date of grant 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 \$90,000 by \$43.55, the average of the high and low price of the Company's common stock on the New York Stock Exchange on the day before the grant.

Remarks:

/s/ JAMES H. GRAVES 02/10/2017

** 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.