FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

this	box if i	no long	er subje	ect to
- 10		4		

690 E. LAMAR BLVD., SUITE 400

1. Name and Address of Reporting Person^*

CSH Holdings LLC

TX

(State)

76011

(Zip)

(Street)
ARLINGTON

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden

Section obligation	this box if no on 16. Form 4 tions may co ction 1(b).		to	SIAI		ed purs	uant	to Section	on 16(a)	of the Se	ecuritie	es Exchanç npany Act o	je Act	of 193		коп	IP .	ll ll		ed average burd er response:	en 0.5
	nd Address	of Reporting F	Person*							er or Trad		Symbol ENVA]						olicable)		Person(s) to Is	
Last) (First) (Middle) 590 E. LAMAR BLVD., SUITE 400						of Earlies 2016	st Transa	action (M	onth/[Day/Year)					Office below	er (give t w)	title	Other below)	(specify		
Street)	GTON '	ГХ	70	5011		4. 11	f Am	endment	, Date of	f Original	Filed	(Month/Da	y/Year)		6. Indiv Line)	Form	n filed by n filed by	One	Filing (Check A Reporting Perse than One Rep	on
(City)	ı	(State)		ip)																	
. Title of	Security (Ir	nstr. 3)	Table	e I - Nor	2. Trans Date (Month/	action	ar)	2A. Deen Executio if any	ned n Date,	3. Transa Code (ction	4. Securiti Disposed 5)	es Acc	quired	(A) o	r	5. Amo Securi Benefi	ount of ities		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial
								(Month/D	ay/Year)	8) Code	v	Amount	(A	() or	Pric	e	Report Transa	d Followi ted action(s) 3 and 4)		(I) (Instr. 4)	Ownership (Instr. 4)
Commor	ı Stock, \$0	0.00001 par	value		10/03	3/2016	6			S		8,452			\$9.	61(1)		553,305	\dashv	I	CSH Holdings LLC ⁽²⁾
Commor	ı Stock, \$0	0.00001 par	value		10/04	1/2016	5			S		6,800		D	\$9.	63 ⁽³⁾	5,5	546,505	5	I	CSH Holdings LLC ⁽²⁾
			Tal									sed of, o					vned				
perivative Conversion Date Executity or Exercise (Month/Day/Year) if any		3A. Deeme Execution if any	eemed 4		actio (Insti	5. Number 6		6. Date Exercisable an Expiration Date (Month/Day/Year)		able and			8. P Deri Sec (Ins		ice of vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					٠	Code	v	(A)		Date Exercisal		Expiration Date	Title	Amo or Num of Sha							
	nd Address	of Reporting F	Person*		,													•		,	
(Last) 590 E. I	AMAR B	(First) LVD., SUIT	TE 400	(Midd	lle)																
Street)	GTON	TX		7601	.1																
(City)		(State)		(Zip)																	
		of Reporting F																			
Last)		(First)		(Midd	lle)																

(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 \$9.45 to \$9.70. 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 \$9.48 to \$9.74. 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., 10/04/2016 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.