FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APF	PROVAL
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)

obligat لــــ	n 16. Form 4 or ions may contir tion 1(b).	Form 5 nue. See		File							es Exchanç npany Act c			34			III.		d average burder response:	en 0.5
	nd Address of CASH, IN	Reporting Person*							er or Tra nal, <u>In</u>		Symbol ENVA]						olicable)	ng P	Person(s) to Is	
(Last) 690 E. L	,	rst) ((Middle)			Date of 12/2		t Transa	action (M	onth/	Day/Year)					Office	er (give title v)		Other below)	(specify
Street) ARLINC (City)			76011 (Zip)		- 4. If	f Ame	endment,	Date of	f Original	Filed	(Month/Da	ıy/Yea	ır)		6. Indivi Line) X	Form	n filed by Or n filed by Mo	ie R	ling (Check A eporting Pers han One Rep	on
		Tab	le I - No	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, or	Ben	efic	ially C	Dwne	ed			
Title of Security (Instr. 3) 2. Transa Date (Month/D				ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Sec Ben Owr		mount of urities eficially ned Following		Ownership orm: Direct O) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	() (I	A) or D)	Pric	.		ted action(s) 3 and 4)			(Instr. 4)
Common	Stock, \$0.0	0001 par value		10/12	2/2016	5			S		47,539)	D	\$9.	25(1)	5,4	138,937		I	CSH Holdings LLC ⁽²⁾
Common	Stock, \$0.0	0001 par value		10/13	3/2016	5			S		300		D	\$	9.1	5,4	138,637		I	CSH Holdings LLC ⁽²⁾
		Ta									sed of, o					ned				
Title of Derivative Security Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of E		6. Date Exercis Expiration Date (Month/Day/Yea		е	Amor Secu Unde Deriv Secu	7. Title and Amount of Securities Jnderlying Derivative Security (Instr. and 4)		8. Pri Deriv Secui (Instr	ative rity	ive derivative y Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)		Date Exercisa		Expiration Date	Title	or Nur of	ount mber ares						
	nd Address of CASH, IN	Reporting Person*																		
(Last) 690 E. L	AMAR BL	(First) VD., SUITE 400	(Mid	dle)																
Street) ARLINC	STON	TX	760	11		_														
(City)		(State)	(Zip)																	
		Reporting Person* Sub, LLC																		

1. Name and Address of Reporting Person^\star

690 E. LAMAR BLVD., SUITE 400

(First)

TX

(State)

(Middle)

76011

(Zip)

CSH Holdings LLC

(Street) ARLINGTON

(City)

(Last) 1600 WEST TH S	(First)	(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 \$9.25 to \$9.30. 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.

Remarks:

/s/ R. Douglas Orr, Authorized Officer for FirstCash, Inc., Frontier Merger Sub, LLC and

10/13/2016

CSH Holdings LLC

** Signature of Reporting Person

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.