FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours per response	e: 0.5									

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* FAULKNER MIKEL D					2. Issuer Name and Ticker or Trading Symbol FirstCash Holdings, Inc. [FCFS]						(Che	elationship eck all app X Direct	,	ng Perso	on(s) to Is				
(Last)	,	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/31/2024							Office below	er (give title		Other (s below)	specify		
1600 WI	EST 7TH S	TREET			4. If A	Amend	ment,	Date of	f Origina	al Filed	d (Month/Da	y/Year)		6. Individual or Joint/Group Filing (Check Applic Line)				
(Street)														7		filed by On		•	
FORT W	ORTH T	X 7	6102												Form Perso	filed by Mo on	re than	One Repo	orting
(City)	(S	tate) (2	Zip)		Rul	Rule 10b5-1(c) Transaction Indication													
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intend satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									nded to										
		Table	I - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	eficial	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		3. 4. Securitie Disposed C Code (Instr. 8)		es Acquired (A) o Of (D) (Instr. 3, 4 a		(A) or 3, 4 and	Benefic	ies cially Following	6. Own Form: I (D) or I (I) (Inst	Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership					
										v	Amount	t (A) or (D)		Price	Transa	Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	Stock			01/31/	2024			A		1,213(1)	A	4	\$ <mark>0</mark>	13	3,588	I)		
	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)	if any	med on Date, Day/Year)		Transaction of Code (Instr. Derivative		Expiration Date (Month/Day/Year) S		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)) E	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Di or (I)). wnership orm: irect (D) · Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Sha						

Explanation of Responses:

1. Reflects a grant of restricted stock units ("RSUs") that shall vest on December 31, 2024 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.

Remarks:

/s/ Mikel D. Faulkner

02/02/2024

** 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.