FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

3235-0287 Estimated average burden hours per response: 0.5

OMB APPROVAL

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

securiti intende defense	purchase or sa es of the issue d to satisfy the e conditions of ee Instruction 1	r that is affirmative Rule 10b5-																		
Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer								
Rippel Douglas Richard			Fir	FirstCash Holdings, Inc. [FCFS]								(Check all applicable) Director 10% Owner								
(Last) 1600 WE	(Fir	,	/liddle))		ate of B		t Tran	saction	(Mont	:h/Day/Year)				Office below	r (give title ')	е	Other below		ecify
(Street) FORT W	4. If Amendment, Date of Original Filed (Month/Day/Yellow) ORT WORTH TX 76102					y/Year)		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person												
(City)	(Sta	ate) (Z	Zip)																	
		Table	I - N	on-Deriva	tive	Secu	rities	Ac	quire	d, Di	sposed of	, or B	enefici	ally	Own	ed				
1. Title of \$	Security (Inst	r. 3)		2. Transacti Date (Month/Day		Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 s)					es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Price	T	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common	Stock													4,3		308		D		
Common	Stock			08/26/20)24	24		S		2,864	D	\$120.0	20.01 4,7		.,743,159		I S fo		tnote ⁽¹⁾	
		Tal	ole II								oosed of, convertib				wned	i				
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Deriv		Expiration I (Month/Day rities ired rosed) : 3, 4			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Deriv	Price of derivative security (Instr. 5) Beneficia Owned Followin Reported Transact (Instr. 4)		ee Ownersh es Form: Direct (D or Indire g (I) (Instr. d tion(s)		ip o	1. Nature of Indirect Beneficial Ownership Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares							
	nd Address of Douglas	Reporting Person* Richard																		
(Last) 1600 WE	EST 7TH ST	(First)	(1)	Middle)																

Rippel Dougla								
(Last)	(First)	(Middle)						
1600 WEST 7TH STREET								
(Street)								
FORT WORTH	TX	76102						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* <u>AFF Services, Inc.</u>								
(Last)	(First)	(Middle)						
1600 WEST 7TH STREET								
(Street)								
FORT WORTH	TX	76102						
(City)	(State)	(Zip)						
Name and Address of Reporting Person* Douglas R. Rippel Revocable Trust								

(Last) 1600 WEST 7TH	(First) STREET	(Middle)
(Street) FORT WORTH	TX	76102
(City)	(State)	(Zip)

Explanation of Responses:

1. These shares are owned by AFF Services, Inc., which is partially owned and 100% controlled by Douglas R. Rippel Revocable Trust (the "Trust"). The Trust and Douglas Richard Rippel are indirect beneficial owners of the reported securities.

Remarks:

<u>/s/ Douglas R. Rippel</u> <u>08/28/2024</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).