SEC Form 4	
------------	--

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL							
	OVAL						
OMB Number:	3235-0287						
Estimated average bu	irden						
hours per response: 0							

	hours per response:	0.5
5 Relationship of R	eporting Person(s) to Issuer	

٦

1. Name and Address of Reporting Person* <u>FIRSTCASH, INC</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Enova International, Inc.</u> [ ENVA ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) 690 E. L.	-	rst) ( VD., SUITE 400	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/02/2016							Offi bel	cer (give title ow)		Other below	(specify )			
					If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) ARLING	TON T	K 7	76011		_								Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	(Si	ate) (	Zip)																	
		Tabl	e I - No	1		_				Dis	-	-			ally Owr	ed				
1. Title of S	Security (Inst	r. 3)		2. Trans Date (Month/		Execution Date,			Code	Transaction Disposed O Code (Instr. 5)			ties Acquired (A) o I Of (D) (Instr. 3, 4 a		nd Secu Bene	ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(	A) or D)	Pric	Trans	action(s) . 3 and 4)				
Common	Common Stock, \$0.00001 par value 11/02/20			2/2010	016			S		100,00	00	D	\$8	4,578,645		I		CSH Holdings LLC <sup>(1)</sup>		
		Ta									sed of, onvertib				y Owned	ł				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/D	n Date,	4. Transa Code 8)		5. Number 6 Iction of E			Expiration Date A (Month/Day/Year) S U D S			Amount of D Securities S		8. Price of Derivative Security (Instr. 5)		Ow For Dire or I (I) (	mership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount nber res						
1	d Address of	Reporting Person <sup>*</sup>						*	*						2	1				
(Last) 690 E. L.	AMAR BL	(First) VD., SUITE 400	(Mide	dle)																
(Street) ARLING	TON	ТХ	760	11																
(City)		(State)	(Zip)																	
	1. Name and Address of Reporting Person* <u>Frontier Merger Sub, LLC</u>																			
(Last) 690 E. L.	AMAR BL	(First) VD., SUITE 400	(Mide	dle)																
(Street) ARLING	TON	ТХ	760	11		_														
(City)		(State)	(Zip)			_														
	nd Address of oldings L	Reporting Person <sup>*</sup> LC																		
(Last) 1600 WE	ST TH ST	(First) REET	(Mide	dle)																

(Street) FORT WORTH	ТХ	76102
(City)	(State)	(Zip)

## Explanation of Responses:

1. 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 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.