# FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 0.5 hours per response:

Instruc	ction 1(b).			Filed							rities Exchang ompany Act o		f 1934						
					2. Issuer Name <b>and</b> Ticker or Trading Symbol FirstCash Holdings, Inc. [ FCFS ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner							
(Last) (First) (Middle) 1600 WEST 7TH STREET				01/2	3. Date of Earliest Transaction (Month/Day/Year)  Officer (give title below)  Officer (give title below)  Other (specify below)										v)` '				
(Street) FORT WORTH TX 76102				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person						
(City)	City) (State) (Zip)					i cisuri													
		Table	I - N	on-Deriva	tive \$	Sec	curitie	s Ac	quire	d, Di	sposed of	, or B	enef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				//Year)   E		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code ( 8)		4. Securities Acquired ( Disposed Of (D) (Instr. 3 5)				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) oi (D)	Pric	Trans		action(s) 3 and 4)			(
Common Stock														1,:	592		D		
Common Stock 01				01/25/20	01/25/2023				S		33,516(1)	D	\$9	\$90.1 7,1		11,044		Ι	See footnote <sup>(2)</sup>
Common Stock 01/26/2				01/26/20	023	23					25,051(1)	D	\$9	90.68 7,11		15,993		I	See footnote <sup>(2)</sup>
Common Stock 01/27/202				023	13		S		21,255(1)	D	\$9	\$90.81		7,094,738		I	See footnote <sup>(2)</sup>		
		Та	ble II								posed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	3A. Deemed Execution Date, if any (Month/Day/Year)			5. Number				rcisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. De Se (II	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.		Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amou or Numb of Share	er					
		of Reporting Person's Richard	•																
(Last) (First) (Middle) 1600 WEST 7TH STREET					-														
(Street) FORT WORTH TX 76102				_															
(City)		(State)	(Z	Zip)															
		of Reporting Person		<u>st</u>		_													

1. Name and Address of Reporting Person\*

(First)

TX

(State)

(Middle)

76102

(Zip)

AFF Services, Inc.

FORT WORTH

1600 WEST 7TH STREET

(Last)

(City)

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

### **Explanation of Responses:**

- 1. Sale is pursuant to a 10b5-1 Preset Diversification Program dated December 5, 2022 under which Mr. Rippel plans to sell up to 1,250,000 shares of FirstCash Holdings, Inc. common stock subject to a minimum price threshold.
- 2. 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:

/s/ DOUGLAS R. RIPPEL 01/27/2023

\*\* 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.