

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject 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

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

1. Name and Address of Reporting Person* <u>FIRSTCASH, INC</u> (Last) (First) (Middle) <u>690 E. LAMAR BLVD., SUITE 400</u> (Street) <u>ARLINGTON TX 76011</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Enova International, Inc. [ENVA]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>09/15/2016</u>	
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock, \$0.00001 par value	09/15/2016		s		20,021	D	\$9.25 ⁽¹⁾	5,778,470	I	CSH Holdings LLC ⁽²⁾

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)					

1. Name and Address of Reporting Person*
FIRSTCASH, INC
 (Last) (First) (Middle)
690 E. LAMAR BLVD., SUITE 400
 (Street)
ARLINGTON TX 76011
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Frontier Merger Sub, LLC
 (Last) (First) (Middle)
690 E. LAMAR BLVD., SUITE 400
 (Street)
ARLINGTON TX 76011
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
CSH Holdings LLC
 (Last) (First) (Middle)
1600 WEST TH STREET

(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 \$8.95 to \$9.33. 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
CSH Holdings LLC

09/15/2016

** 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.