FORM 4

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

Washington,	D.C.	20549
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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

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

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

Name and Address of Reporting Person*     Alias Shaler					2. Issuer Name <b>and</b> Ticker or Trading Symbol Repay Holdings Corp [ RPAY ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(Fir	rst) (M	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/19/2024								X Director 10% Own X Officer (give title below) President  Other (sp below)			(specify		
3 WEST PACES FERRY ROAD, SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	ΓA GA	A 3	0305											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		Table	I - No	on-Deriva	tive S	Secu	rities	Acc	quirec	l, Dis	sposed of	, or B	enefici	ally Own	ed				
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/				Execution Date,			· 1	3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr 5)				Benefic Owned	ties For cially (D) d Following (I) (		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Class A Common Stock 03/19/20					)24			F <sup>(1)</sup>		5,968	D	\$10.6	6 480	480,928		D			
Class A Common Stock												75	75,000			See footnote <sup>(2)</sup>			
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)	erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				Transaction Code (Instr.		vative rrities sired r osed ) r. 3, 4	Expira	e Exer ation D h/Day/		7. Title and Amount of Securities Underlying Derivative Security (Inst 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		(A)	(D)	Date Exerc	isable	Expiration Date	Title	Number of Shares						

## **Explanation of Responses:**

- 1. Reflects shares of Class A common stock of the Issuer withheld to cover the Reporting Person's tax liability in connection with the vesting of shares of time-based restricted stock previously reported by the Reporting Person.
- 2. These securities are held directly by a limited liability company, of which Reporting Person owns all of the voting ownership interests and serves as the sole member of its board of managers.

## Remarks:

The Reporting Person disclaims beneficial ownership of any securities reported herein as indirectly beneficially owned, except to the extent of his pecuniary interest therein.

/s/Timothy J. Murphy, as 03/21/2024 Attorney-in-Fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.