FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
| | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average | burden | | | | | | | | | | |
| hours por rosponso | . 05 | | | | | | | | | | |

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

| Name and Address of Reporting Person* Hartheimer Robert Herman | | | | 2. Issuer Name and Ticker or Trading Symbol Repay Holdings Corp [RPAY] | | | | | | | | (Check all app | | tor 10% Owner | | wner | | | | |
|--|---|---------|--------------------------------|---|---|--|--|---|-------|---|---|---|--|---|--|--|---------|---|-------------|--|
| | | st) (t | Middle) | | | Date of Earliest Transaction (Month/Day/Year) 3/05/2021 | | | | | | | Office below | er (give title v) | e Other (s below) | | specify | | | |
| SUITE 2 | 00 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | ΓA G <i>A</i> | | 1020E | | | | | | | | | | | X | | filed by On | | J | | |
| AILAN I | IA GF | 1 3 | 0305 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Di | | | 2. Transa Date (Month/Da | Exe Day/Year) if ar | | a. Deemed recution Date, any lonth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securi Dispose 5) | | Disposed (| ies Acquired (A) o Of (D) (Instr. 3, 4 | | or 4 and | 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) | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ce | Transa | eu ction(s) 3 and 4) | | | (111501.44) | |
| Class A Common Stock | | | | 03/05/ | ′2021 | | | | S | | 5,000 | D | | \$24 49, | | 9,885 | | D | | |
| Class A Common Stock 03/08 | | | | 2021 | | | S | | 5,000 | D | | \$23 | 23 44,885 | | | D | | | | |
| Class A Common Stock 03/0 | | | | 03/09/ | /2021 | | | S | | 5,000 | D | | \$24 | 39,885 | | | D | | | |
| | 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) | Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) Transaction Code (Instr. 8) Sec Acq (A) District of (Instr. 9) District of (Instr. | | | | of Deriv Secu Acqu (A) o Disp of (D | osed)) r. 3, 4 | Expiration Date (Month/Day/Year) (Month/ | | | nt of ties ying tive ty (Inst | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code V (A) (D) | | (D) | Date Exercisa | | | | Amour or Numbe of Shares | r | | | | | | | |

Explanation of Responses:

Remarks:

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

03/09/2021

** 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.