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 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* Kirk Jason | | | | | | 2. Issuer Name and Ticker or Trading Symbol Repay Holdings Corp [RPAY] | | | | | | | | | k all app Direc Office | tor er (give title | • | 10% O | wner |
|---|--|--|--------------|---------------------------------|------------------|--|---|-----|---|---------------------------|--|--|--------|--|-------------------------------------|---|---|---|---|
| 1 | | rst) (M INGS CORPOR RRY ROAD, SU | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2021 | | | | | | | | X | pelov | ow) Thief Technol | | below) logy Officer | |
| (Street) ATLAN (City) | | | 0305 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/ | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Table | I - No | n-Deriva | ative S | Secu | rities | Acq | uired, | , Dis | posed of | , or E | Benefi | icially | y Own | ed | | | |
| Date | | | | 2. Transac Date (Month/Da | | Exec if any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and Securit | | ties cially Following | 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 | ction(s) 3 and 4) | | | (111501.4) | | |
| Class A Common Stock 06/17/2 | | | | | | .021 | | | | | 3,832 | D |) (| \$ <mark>25</mark> | 17 | 178,396 | | D | |
| Class A (| A Common Stock 06/18/20 | | | | | 021 | | | S ⁽¹⁾ | | 9,588 | D |) (| \$25 | 168,808 | | | D | |
| Class A (| ass A Common Stock 06/18/2 | | | | .021 | | | | F ⁽²⁾ | | 771 D S | | \$2 | 24.01 | 1 168,037 | | 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) | ve Conversion Date Execution Date, Trans or Exercise (Month/Day/Year) if any Code | | | | Transa Code (| | | | | Exerc ion Da /Day/Y | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Seneficially Owned Following Reported Transaction (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | Code V (A) (D) | | | | Expiration Date | Title | of | | | | | | | |

Explanation of Responses:

- 1. The transaction was pursuant to a Rule 10b5-1 plan.
- 2. 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.

Remarks:

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

06/21/2021

** 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.