Instruction 1(b)

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington, [D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any		4. Transaction Code (Instr.		5. Number of Derivative	Expiration Date		7. Title ar Amount of Securities	of	8. Price of Derivative Security	9. Number derivative Securities	of 10. Ownershi	11. Nature of Indirect Beneficial	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
Class A Common Stock 05/30/					2024		A ⁽¹⁾		17,525	A	\$() 8	0,856	D		
								Code	v	Amount	(A) or (D)	Price	Transa	ction(s) 3 and 4)		(111301.4)
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution I ay/Year) if any		ution Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			nd Securi Benefi	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		Table	I - Non-D	Deriva	tive S	ecur	rities Acq	uired,	Dis	oosed of,	or Ber	nefici	ally Own	ed		
(City)	(Sta	ate) (Z	Zip)		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 intend satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ended to		
(Street) ATLAN	ΓA GA	3	0305										Person			
3 WEST PACES FERRY ROAD, SUITE 200				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(Last)	`	(First) (Middle) HOLDINGS CORPORATION				3. Date of Earliest Transaction (Month/Day/Year) 05/30/2024							Officer (give title Other (specify below) below)			
1. Name and Address of Reporting Person* <u>Hartheimer Robert Herman</u>			2. Issuer Name and Ticker or Trading Symbol Repay Holdings Corp [RPAY]						Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
				1 1100			0(h) of the In									

Explanation of Responses:

Price of

Derivative

Security

Security (Instr. 3)

1. Reflects a grant of restricted stock units that vest on the earlier of: (a) the one-year anniversary of the grant date, and (b) the next regularly scheduled annual meeting of stockholders of Issuer that is at least 50 weeks after the grant date. The shares subject to the units will be issued to the Reporting Person after the Reporting Person ceases to be a director of the Issuer pursuant to the terms of the award agreement

Date Exercisable

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

Derivative

Title

Expiration Date

Underlying

Security (Instr. 3 and 4)

Amount Number

of Shares

06/03/2024

Date

Form: Direct (D)

or Indirect (I) (Instr. 4)

(Instr. 4)

Ownership

** Signature of Reporting Person

Security (Instr. 5)

Following Reported

Transaction(s) (Instr. 4)

Owned

Beneficially

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

if any (Month/Day/Year)

Code

Securities Acquired

(A) or Disposed

of (D) (Instr. 3, 4

and 5)

(A) (D)

- * 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.