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* Schein Jeremy						2. Issuer Name and Ticker or Trading Symbol Repay Holdings Corp [RPAY]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Schem Jeremy									1	_	-			X	Direc	tor		10% O	wner
(Last)	(Fir	st) (M	Middle)	1		3. Date of Earliest Transaction (Month/Day/Year) 08/06/2020									Office below	cer (give title ow)		Other (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		filed by On filed by Mo		•	- 1
(City)	(Sta	ate) (Z	Zip)																
		Table	I - Nor	า-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execu y/Year) if any		Deemed ecution Date, ny onth/Day/Year)				es Acquired (A Of (D) (Instr. 3,		4 and Secur Benef		cially Following	Form (D) o	vnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) or Pi		rice	Transa	saction(s) r. 3 and 4)			(mour 4)
Class A Common Stock 08/06/2					2020			A ⁽¹⁾		6,941	I	A 5	0.00	19	19,386		D ⁽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) 3. A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8) S A A (Instr. 8) C C C C C C C C C C C C C C C C C C		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date Exerci Expiration Da (Month/Day/Y		e Amount of Securities Underlying Derivative Security (Ir 3 and 4) Expiration Amount of Security (Ir 3 and 4)		unt of rities rlying ative rity (Ins I 4)	De Se (Ir	Price of erivative ecurity estr. 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)		

Explanation of Responses:

- 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 Repay Holdings Corporation (the "Issuer") following 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.
- 2. The Reporting Person is an employee of Corsair Capital LLC or one of its affiliates (collectively, "Corsair"). Pursuant to arrangements, a portion of the value of these securities or any disposition of such securities will be applied against certain management fees payable to Corsair pursuant to applicable fund documents.

Remarks:

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

08/10/2020

Date

** Signature of Reporting Person

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.