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

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

1. Name and Address of Reporting Person* Jackson Michael Frank					2. Issuer Name and Ticker or Trading Symbol Repay Holdings Corp [RPAY]									Check all ap Dire	lationship of Report ok all applicable) Director Officer (give title		10%	Owner (specify		
		st) (I INGS CORPOR RRY ROAD, SI			3. Date of Earliest Transaction (Month/Day/Year) 11/19/2021										below) below) Chief Operating Officer					
(Street) ATLAN1 (City)			0305 Zip)		4. If <i>i</i>										. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			I - No					Acc		l, Dis	sposed of			<u> </u>		1	1			
D			2. Transaction Date (Month/Day/Year)		Execution Date,			3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (5)			Acquire (D) (Inst	ed (A) or tr. 3, 4 an	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)					
Class A Common Stock 11/16/2)21				G	V	4,000(1)	D	\$0.0	0 89	89,449		D			
Class A C	Common Sto	ock		11/19/20	021				F ⁽²⁾		706	D	\$20.0	\$20.02 88,743 D						
Class A C	lass A Common Stock												11	117,269		I	See footnote ⁽³⁾			
	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)	Execut if any	ecution Date, Transaction of				rities ired r osed) r. 3, 4	Expiration Date Secu (Month/Day/Year) Secu Unde Deriv Secu 3 and				nt of ties ying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable		Expiration Date		Amount or Number of Shares								

Explanation of Responses:

- 1. Prior to making the gift, these securities were previously held indirectly and subsequently transferred to Reporting Person in connection with transactions exempt pursuant to Rule 16a-13 to be held directly.
- 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
- 3. These securities are held directly by limited liability companies. For each such limited liability company, (a) Reporting Person serves as the sole member of its board of managers and (b) all of the voting ownership interests are owned by Reporting Person (in his capacity as trustee of a revocable trust)

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 11/19/2021 Attorney-in-Fact

** 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.