FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | OMB APPRO                | VAL       |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |
| l | hours per response:      | 0.5       |  |  |  |  |  |  |  |

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

| 1. Name and Address of Reporting Person* SCOCIMARA ERIBERTO R |   |  |   |         |                              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  EURONET WORLDWIDE INC [ EEFT ] |        |      |  |                 |      |   |                    |                            |  | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner  |  |   |   |  |  |  |
|---|---|--|---|---------|------------------------------|--|--------|------|--|-----------------|------|---|--------------------|----------------------------|--|--|--|---|---|--|--|--|
| (Last) HAEF   | (Fi   |  | 3. Date of Earliest Transaction (Month/Day/Year) 08/17/2006 |         |                              |  |        |      |  |                 |      |   |                    |                            | (give title                            |  | Other (below)                                  | · ·   |   |  |  |  |
| 1 EAST PUTNAM AVENUE  (Street)  GREENWICH CT 06830-5429       |   |  |   |         |                              | 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 Person |  |   |   |  |  |  |
| (City)  |   |  |   |         |                              |  |        |      |  |                 |      |   |                    |                            |  |  |  |   |   |  |  |  |
|   |   | Tab  | le I - Noi  | n-Deriv | /ative                       | Se   | curiti | es A | cqu  | iired, I        | Disp | osed  | of, or             | Bei                        | neficia                                | ly Ov  | nec  | ŀ   |   |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da    |   |  |   |         |                              | Execution Date   |        |      | Code (Instr.   |                 |      | 4. Securities Acquired (A<br>Disposed Of (D) (Instr. 3,<br>5) |                    |                            |  | I Se<br>Be<br>Ov   |  | es<br>ally<br>Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |
|   |   |  |   |         |                              |  |        |      |  | Code            | v    | Amount  | t (A) or (D) Prid  |                            | Price                                  | Tra  | Reported<br>Transaction<br>(Instr. 3 and       |   |   |  | (11150.4)  |  |
| Common Stock, par value \$0.02 per share 08/17/               |   |  |   |         |                              |  | 2006   |      |  | A               |      | 3,500   | O <sup>(1)</sup> A |                            | \$0                                    |  | 7,000  |   |   | D  |  |  |
|   |   | Т  | able II -   |         |                              |  |        |      |  |                 |      | sed of  |                    |                            |  | Owr  | ed   |   |   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da               | Date,   | 4.<br>Transacti<br>Code (Ins |  |        |      | 6. Date Exercisa<br>Expiration Date<br>(Month/Day/Year |                 |      |   | of Sed<br>Under    | uritie<br>lying<br>ative S | Security                               | Deriva<br>Secur  | . Price of<br>erivative<br>ecurity<br>nstr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | e<br>s<br>illy  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |   |         | Code                         | v  | (A)    | (D)  | Dat<br>Exe   | te<br>ercisable |      | piration<br>ite   | Title              |                            | Amount<br>or<br>Number<br>of<br>Shares |  |  |   |   |  |  |  |
| Employee<br>Stock<br>Option<br>(right to                      | \$22  |  |   |         |                              |  |        |      |  | (2)             | 06   | /09/2014  | Comn               |                            | 10,000                                 |  |  | 10,000  | )   | I  | See footnote <sup>(3)</sup>  |  |

## **Explanation of Responses:**

- $1. \ The \ restricted \ stock \ vests \ over \ three \ years, \ with \ one-third \ vesting \ on \ May \ 18, \ 2007 \ and \ each \ anniversary \ thereafter.$
- 2. This option vests over three years, with one-third vesting on each anniversary of the grant date.
- 3. This option has been issued to the Hungarian American Enterprise Fund, of which Mr. Scocimara is President.

Jeffrey B. Newman, Attorney 08/17/2006 in fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.