FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|---------------------|--------------|---------------|------------------|
| O 17 (1 E.W.E. (1) | 0. 0.0.110_0 | | O IIII III |

| | OMB APPRO | DVAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| ı | Estimated average burd | en | | | | |
| | 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* MCDONNELL THOMAS A | | | | | 2. Issuer Name and Ticker or Trading Symbol EURONET WORLDWIDE INC [EEFT] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|---|-----------------|---|---|-------|--------|--|----------|---|-----------------|--------------------------------------|--|--|-------------------|--|---------------------------------------|---|
| (Last) | (F RONET WO | irst) DRLDWIDE, IN | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/20/2013 | | | | | | | |]) | Officer below) | or (give title | | 10% Ow Other (s below) | - |
| 3500 COLLEGE BOULEVARD | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) LEAWO | OD K | S | 66211 | | | | | | | | | | | 2 | | iled by Mor | • | orting Persor n One Repor | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deri | vativ | e Se | curit | ies Ac | quired, | Disp | osed o | f, or B | enef | iciall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Code (Instr. 5) | | | | | es Form ally (D) o Following (I) (Ir | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code V | | Amount | t (A) or P | | Price | Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| Common Stock, par value \$0.02 per share 06/20/ | | | | 20/201 | 0/2013 | | M | | 10,00 | 10,000 A | | \$0 | 68,136 | | | D | | | |
| | | - | Table II - | | | | | | uired, D | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemee Execution I if any (Month/Day | Date, | Code (Inst | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | urity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | Expiration Date | Title | or Nu of | ount mber ares | | | | | |
| Stock Option (right to buy) | \$22 | 06/20/2013 | | | M | | | 10,000 | 06/09/200 | 7 0 | 6/09/2014 | Common Stock | 10 | ,000 | \$0 | 0 | | D | |

Explanation of Responses:

Remarks:

/s/ Jeffrey B. Newman, Attorney in Fact for Thomas A. 06/24/2013 **McDonnell**

** 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.