FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB A | PPROVAL |
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| OMB Number: | 3235-028 |

37 Estimated average burden 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 and Ticker or Trading Symbol EURONET WORLDWIDE INC [EEFT] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---|--|--|--------------|--|---|---|------------------|-------------------|-------------------------|--|---|---|---|--|---|-----------------------------------|--|---------------------------------------|
| SCOCIMARA ERIBERTO R | | | | | | | | | | | | | 1 | X | Directo | or | | 10% Ow | vner |
| (Last) HAEF | (F | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/21/2005 | | | | | | | | | Officer below) | (give title | | Other (specify below) | |
| 1 EAST PUTNAM AVENUE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) GREENWICH CT 06830-5429 | | | | - 09/ _ | 09/28/2005 | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | vative | Se | curiti | es Ac | quired, | Dis | posed (| of, or B | enefic | ially | Owned | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ay/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ction Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | es For ially (D) Following (I) (| | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pri | се | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock, par value \$0.02 per share 09/21/20 | | | | | /2005 | 2005(1) | | J ⁽¹⁾ | | 3,500 | (1) D (| 1) | (1) | 0 | | | D | | |
| | | Т | able II - | | | | | | | | | , or Ber ble sec | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | | saction of D D S A (A D D O (I I | | of Ex | | ercisa Date y/Yea | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | D | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisab | | xpiration ate | Title | Amou or Numb of Share | er | | | | | |
| Stock Option | \$22 | | | | | | | П | (2) | 0 | 6/09/2014 | Common Stock | 10,0 | 00 | | 10,000 | | I | See footnote ⁽³⁾ |

Explanation of Responses:

- 1. This amended Form 4 is being filed to correct the total amount of securities beneficially owned by the reporting person by eliminating 3,500 shares of restricted stock prematurely reported as being granted to the reporting person on September 21, 2005. The conditions for the grant of those restricted shares were not satisfied until April 24, 2006, at which time the restricted stock was granted.
- 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 in Fact

04/26/2006

** 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.