FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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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)

Instruc	tion 1(b).			File	ed pur or	suant r Secti	to Section 30	ction 16(a (h) of the	a) o	of the Secu	urities Comp	s Exchangoany Act	ge Act of 1940	of 193	4		llouis	per res	sporise.	0.5
1. Name and Address of Reporting Person* <u>Caponecchi Kevin J</u>					2. Issuer Name and Ticker or Trading Symbol EURONET WORLDWIDE, INC. [EEFT]								(Che	eck all applic Directo	cable) or	g Pers	son(s) to Issu 10% Ow Other (s	ner		
(Last) (First) (Middle) C/O EURONET WORLDWIDE, INC.						3. Date of Earliest Transaction (Month/Day/Year) 12/12/2023										below)			below)	
11400 TOMAHAWK CREEK PARKWAY, SUITE 300				4.	If Amendment, Date of Original Filed (Month/Day/Year)								Line	ndividual or Joint/Group Filing (Check Applicable e) $old X$ Form filed by One Reporting Person						
(Street) LEAWOOD KS 66211						Form filed by More than One Reporting Person														
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											to				
		Tab	ole I - Nor	ı-Deri	vativ	e Se	curit	ties Ac	qu	uired, D	ispo	osed o	f, or l	Bene	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		·	Code (Instr. 5)					Securitie Beneficia	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	,			A) or D)	Price	Transact	Transaction(s) (Instr. 3 and 4)			(111341. 4)	
Common Stock, par value \$0.02 per share																83,6	664(1)		D	
Common Stock, par value \$0.02 per share															3,0	39(2)		I	By 401(k) Plan	
		-	Table II - I							red, Dis						Owned		,		•
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative		Ex	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)		ate xercisable		piration te	Title	N O	mount or lumber of Shares					
Employee																				

Explanation of Responses:

\$91 66

Option

(right to

- 1. Includes an additional 260 shares acquired by the Reporting Person pursuant to the Issuer's Employee Stock Purchase plan during Q1 2023.
- 2. On March 16, 2023, the Reporting Person acquired 97 shares of the Issuer's common stock pursuant to the Euronet Worldwide, Inc. 401K plan.
- 3. This award vests 25% per year beginning Dec 12, 2024, contingent on the Company's share price closing above \$100.83 for 30 consecutive days during the four year measurement period.

/s/ By Scott Claassen, Attorney 12/14/2023 in Fact for Kevin J. Caponecchi

\$91.66

37 777

Common

12/12/2033

** 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).

12/12/2023

** 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.