FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES IN | BENEFICIAL | OWNERSHIP |
|------------------|---------------|-------------------|------------------|
| | | | |

| l | OMB APPRO | DVAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burd | den |
| | hours per response: | 0.5 |

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* STRANDJORD M JEANNINE | | | | | 2. Issuer Name and Ticker or Trading Symbol EURONET WORLDWIDE INC [EEFT] | | | | | | | | | | | ationship of Reportin all applicable) Director | | 10% Owne | |)wner |
|---|---|--------------------|--|--|---|---|---------|--------------------------------------|-------------------------|--|---------------------|-------|--|---|---------------------------------------|---|--|---|--|------------|
| | RONET WO | ORLDWIDE, IN | Middle) C. | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/21/2015 | | | | | | | | | | Officer (give title below) | | Other (spe below) | | |
| 3500 COLLEGE BOULEVARD (Street) LEAWOOD KS 66211 | | | | | - 4. If | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | i. Individ ine) X | | | | ting Pers | rson | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | 1 013 | OII | | | |
| | | Tabl | e I - No | n-Deriv | /ative | Se | curitie | es Acc | quired, | Dis | posed o | of, o | r Ben | efici | ally C |)wne | ed | | | |
| Da | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, | | | ind S | 5. Amount of Securities 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 | . - | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock, par value \$0.02 per share | | | | 05/2 | 05/21/2015 | | | | A ⁽¹⁾ | | 1,552 | 2 | A | \$0 | | 37,048 | | | D | |
| Common | Stock, par | value \$0.02 per s | share | 05/2 | 1/2015 | 5 | | | F ⁽²⁾ | | 615 | | D | \$61 | .21 | 36,433 | | D | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deem Execution if any (Month/Da | Date, | | 4. Transaction Code (Instr. 8) | | ı of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (In: and 4) | | 8. Prio Deriva Secur (Instr. | ative ity | 9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | \ \ ' | (A) | | Date Exercisa | | Expiration Date | Title | of | ares | | | | | | |

Explanation of Responses:

- 1. The common shares were acquired pursuant to a grant of common stock under the Euronet Worldwide, Inc. 2006 Stock Incentive Plan. The stock award vested immediately at the time of grant.
- 2. Represents shares surrendered to Euronet Worldwide, Inc. by the Reporting Person to satisfy tax withholding liability obligations associated with the vesting of the restricted stock.

Remarks:

/s/ By Jeffrey B. Newman, Attorney in Fact for M. Jeannine Strandjord

05/22/2015

** 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.