FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	$\Gamma$	20E 40
Washington,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Brown Michael J						2. Issuer Name and Ticker or Trading Symbol EURONET WORLDWIDE, INC. [ EEFT ]											Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) (First) (Middle) C/O EURONET WORLDWIDE, INC.					3. Date of Earliest Transaction (Month/Day/Year)  10/13/2023  X Officer (give title below) below)  CEO & President													specify				
11400 TOMAHAWK CREEK PARKWAY, SUITE 300						4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)											·					
(Street)	OD W		CC211												Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
LEAWO	OD K	5	66211		Rule 10b5-1(c) Transaction Indication																	
(City)	(Si	tate)	(Zip)				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intendes satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									d to						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution		tion Date,		3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefici Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership						
									Code	v	V Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock, par value \$0.02 per share 10/13			10/13/	/2023					M		8,500	)	A	\$45.9	3 1,49	3,861		D				
Common Stock, par value \$0.02 per share															5,	761		Ι .	By 401(k) Plan			
Common Stock, par value \$0.02 per share																206	5,000		I	See <sup>(1)</sup>		
Common Stock, par value \$0.02 per share																276	5,400		I .	By Family Trusts <sup>(2)</sup>		
Common Stock, par value \$0.02 per share																34,000				By Spouse		
		Т	able II - D	erivat	ive S	Secu	ritie	s Acq	uir	red, D	ispo	sed of	, or	Bene	eficially	Owned						
1. Title of Derivative Security  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)					4. Transaction Code (Instr. 8)		5. Number 6		6. I Ex	6. Date Exercisable a Expiration Date (Month/Day/Year)			Amount of		Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e (es lially light)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Da Ex	ate cercisabl		xpiration ate	Title	е	Amount or Number of Shares							
Employee Stock Option (right to buy)	\$45.93	10/13/2023			М			8,500		(3)	13	2/10/2023		nmon tock	8,500	\$0	59,324	1	D			

## Explanation of Responses:

- 1. Shares held by Mr. Brown's spouse as custodian for his children.
- 2. Shares held by family trusts for the benefit of Mr. Brown's spouse and children, of which Mr. Brown's spouse is the trustee.
- $3. \ These \ options \ vested \ with \ respect \ to \ 20\% \ of \ the \ shares \ on \ December \ 10, \ 2013 \ and \ 20\% \ each \ anniversary \ thereafter.$

/s/ By Scott Claassen, Attorney 10/16/2023 in Fact for Michael J. Brown

\*\* 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.