Fosse Eric Form 5 November 13, 2009 F

November 13, 200	9				
FORM 5				OMB AP	PROVAL
Check this box if no longer subject	UNITED STATE	OMB Number: Expires:	3235-0362 January 31,		
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction	ANNUAL S	TATEMENT OF CHANGES IN BEN OWNERSHIP OF SECURITIES	Estimated a burden hour response	•	
1(b). Form 3 Holdings Reported Form 4 Transactions Reported	1				
Fosse Eric	of Reporting Person *	 Issuer Name and Ticker or Trading Symbol EZCORP INC [EZPW] Statement for Issuer's Fiscal Year Ended 	5. Relationship of I Issuer (Check	Reporting Perso c all applicable)	
115 INDIAN BEI	, , ,	(Month/Day/Year) 09/30/2009	Director X Officer (give below)		Owner r (specify
115 INDIAN BEI			Divisi	ional President	
(S	treet)	4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi (check	int/Group Repo	rting

AUSTIN, TXÂ 78734

X Form Filed by One Reporting Person ____ Form Filed by More than One Reporting Person

(City)	(State) (Z	p) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	Amount 6. f Securities Ownership Beneficially Form: Dwned at Direct (D) nd of or Indirect ssuer's (I) Fiscal Year (Instr. 4) Standard Standard Standa		
				Amount	(D)	Price	.,		
Class A Non-Voting Common Stock	02/18/2009	Â	A	0.0151	A	\$ 12.9	138.0701	Ι	EZCORP, Inc. 401(k)
Class A Non-Voting Common Stock	07/16/2009	Â	D	129.6695	D	\$ 10.8	8.4006	Ι	EZCORP, Inc. 401(k)
	08/31/2009	Â	А	167.4981	А	\$ 10.64	175.8987	Ι	

Class A Non-Voting Common Stock									EZCORP, Inc. 401(k)
Class A Non-Voting Common Stock	09/11/2009	Â	А	10.6199	A	\$ 12.7157	186.5186 (1)	I	EZCORP, Inc. 401(k)
Class A Non-Voting Common Stock	Â	Â	Â	Â	Â	Â	37,000 <u>(2)</u>	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of informationSEC 2270contained in this form are not required to respond unless(9-02)the form displays a currently valid OMB control number.(9-02)

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Of B B O E I S Fi (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Fosse Eric 115 INDIAN BEND AUSTIN, TX 78734	Â	Â	Divisional President	Â				
Signatures								
/s/ Laura Jones Attorney-in-Fact	11/1	13/2009						
<u>**</u> Signature of Reporting Person		Date						

Explanation of Responses:

- * 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).

This report on the 401(k) transaction is voluntary. The sole purpose is to disclose EZCORP'S matching contributions pursuant to
 (1) EZCORP, Inc. 401(k) Plan and Trust (the "Plan"). The disposition of stock reflects a forfeiture of shares of stock pursuant to the terms of the Plan. The information in this report is based on a plan statement dated as of September 30, 2009.

(2) The Total Non-Derivative Securities Beneficially Owned includes 37,000 unvested Restricted Stock Awards. The Total Non-Derivative Securities Beneficially Owned does not include 12,000 Derivative Securities currently held by Reporting Person.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.