| SEC Form 4 FOI | RM 4 | UNITE | | ES S | SECURITIE | S AN | DE | XCHAN | GE C | OMMIS | SION | | | | | |
|--|---------------------------|---|--|--|---|---|---------|------------------------------|------------------------|---|---|---|---|---|--|--|
| | | | | | Washing | | Ī | OMB APPROVAL | | | | | | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | pursua | F CHANGES nt to Section 16(a) ction 30(h) of the Ir | of the S | ecuriti | es Exchange | | liP | Estima | lumber: ted average burde per response: | 3235-0287 en 0.5 | | | |
| 1. Name and Address of Reporting Person [*] Netto Armando Lins | | | | | er Name and Ticke <u>PAY, INC.</u> [| | | Symbol | (Checl | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Own | | | | | | |
| (Last) 3280 PEACHT | (First) REE RD NE | (Middle) | | | e of Earliest Transa /2024 | iction (N | lonth/l | Day/Year) | V | Officer (give below) | | itle Other (specify below) EO Brazil | | | | |
| SUITE 2400 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) ATLANTA | GA | 30305 | | | | | | | V | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (State) | Rule 10b5-1(c) Transaction Indication Image: 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. | | | | | | | | | | | | | | |
| | 1 | able I - No | n-Deriva | tive S | Securities Acq | uired | , Dis | posed of, | or Ber | eficially | Owned | | | | | |
| Date | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of | Acquired (D) (Instr | l (A) or . 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Follow | y | 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 | mmon Stock ⁽¹⁾ | | 04/03/2 | 2024 | | Α | | 3,394 | A | \$316.14 | 43,828 | 3 | D | | | |
| | | Table II - | | | curities Acqu Ills, warrants, | | | | | |)wned | | | | | |

| 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) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Employee Stock Options ⁽²⁾ | \$272.38 | 02/14/2024 | | Α | | 12,517 | | 02/14/2025 | 02/14/2034 | Common Stock | 0 | \$272.38 | 12,517 | D | |

Explanation of Responses:

1. Includes 3,394 restricted shares vesting on April 3, 2025.

2. Options vest ratably (25%) annually on February 14, 2025, 2026, 2027 and 2028.

/s/ Crystal Williams, under a

power of attorney ** Signature of Reporting Person

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.

06/28/2024

Date