FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | e: 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* DGC Family Fintech Trust 2. Date of Event Requiring Statement (Month/Day/Year) 07/26/2018 | | | nent | 3. Issuer Name and Ticker or Trading Symbol International Money Express, Inc. [IMXI] | | | | | | | |
|--|--|---------------------|-------------------|---|--|---|---|---|--|--|--|
| (Last) C/O COHEN | Last) (First) (Middle) C/O COHEN AND COMPANY | | | | Relationship of Reporting Perso (Check all applicable) Director | on(s) to Issuer 10% Owner | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | |
| 3 COLUMBUS CIRCLE, 24TH FLOOR | | | | Officer (give title X Other (specify below) | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) NEW YORK | NY | 10019 | | | Member of 10% own | ner group | | X | | y One Reporting Person y More than One erson | |
| (City) | (State) | (Zip) | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Common Stock | | | | | 653,407 | D | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year) | | | ate | Underlying Derivative Security (Instr. 4) Conve | | rcise Form: | | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | Date Exercisable | Expiratio Date | n Title | Amount or Number of Shares | Price of Derivative Security | | or Indirect (I) (Instr. 5) | | | |

Explanation of Responses:

/s/ Daniel G. Cohen, Trustee 08/02/2018

** 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 5 (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.