

<b>OMB APPROVAL</b>	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

1. Name and Address of Reporting Person* <u>Lisy Robert</u> <hr/> (Last) (First) (Middle) 9480 S DIXIE HIGHWAY <hr/> (Street) MIAMI FL 33156 <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>International Money Express, Inc. [ IMXI ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) CEO, President & Chairman / part of a 10% ownership group
	3. Date of Earliest Transaction (Month/Day/Year) 10/05/2020	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**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 Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	10/05/2020								I <sup>(3)</sup>	By: Robert Lisy Family Revocable Living Trust
Common Stock								438,531	I <sup>(4)</sup>	By: Hawk Time Enterprises LLC

**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)		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)					

1. Name and Address of Reporting Person\*  
Lisy Robert  


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 (Last) (First) (Middle)  
 9480 S DIXIE HIGHWAY  


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 (Street)  
 MIAMI FL 33156  


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 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Robert Lisy Family Revocable Trust  


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 (Last) (First) (Middle)  
 9480 S. DIXIE HIGHWAY  


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 (Street)  
 MIAMI FL 33156  


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 (City) (State) (Zip)

**Explanation of Responses:**

1. These shares of common stock were sold pursuant to a public offering that was consummated on October 5, 2020.
2. This amount represents the \$13.50 public offering price per share of the issuer's common stock less the underwriting discount of \$0.7425 per share.
3. These shares are owned directly by the Robert Lisy Family Revocable Living Trust, and indirectly by Robert Lisy as trustee of the trust.
4. These share are directly owned by Hawk Time Enterprises LLC and indirectly by Robert Lisy as sole manager of such entity.

**Remarks:**

Jose Perez-Villarreal,  
Attorney-in-Fact for Robert Lisy      10/05/2020

Jose Perez-Villarreal,  
Attorney-in-Fact for the Robert Lisy Family Revocable Living Trust      10/05/2020

\*\* 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.**