FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* BARKLEY BARRY R | | | | | | 2. Issuer Name and Ticker or Trading Symbol ENCORE CAPITAL GROUP INC [ECPG] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify) | | | | | |
|--|--|----|--------------------------------------|---------|---|---|---|--|-----------------|---|---|-------|---|---|--|--|---|--|--|
| (Last) (First) (Middle) ENCORE CAPITAL GROUP INC 5775 ROSCOE COURT | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/12/2004 | | | | | | | | X Officer (give title Other (specify below) EVP-CFO | | | | | |
| (Street) SAN DIEGO CA 92123 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | | Zip) | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | e Securities Acc 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securitie | s Acquired (A) or f (D) (Instr. 3, 4 and | | or | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) o | r Pric | ce | Transac (Instr. 3 | | | | |
| Common Sto | ock | | | 01/12/2 | 2004 | | | | S | | 500 | D | \$1 | 4.83 | 75 | 5,162 | I | By self as trustee under instrument dated 10- 14-98 | |
| Common Sto | ock | | | 01/12/2 | 2004 | | | | S | | 500 | D | \$1 | 4.84 | 74 | I,662 | I | By self as trustee under instrument dated 10- 14-98 | |
| Common Sto | ock | | | 01/12/2 | 2004 | | | | S | | 500 | D | \$ | 14.9 | 74 | I,162 | I | By self as trustee under instrument dated 10- 14-98 | |
| Common Sto | ock | | | 01/12/2 | 2004 | | | | S | | 500 | D | \$1 | 4.98 | 73 | 3,662 | I | By self as trustee under instrument dated 10- 14-98 | |
| Common Stock | | | 01/12/2004 | | | | S | | 500 | D | \$1 | 4.88 | 73 | 3,162 | I | By self as trustee under instrument dated 10- 14-98 | | | |
| | | Та | ıble II - | | | | | | | | osed of, convertib | | | | Owned | | | | |
| Security or (Instr. 3) Pr | vative Conversion Date Executivity or Exercise (Month/Day/Year) if any | | | | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | De Se (In | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Beneficial Ownership ect (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | er | | | | | |

/s/ Barry R. Barkley

01/12/2004

** 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.