FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549	
------------------------	--

OIVIB APPROVAL										
OMB Number:	3235-0287									
Estimated average b	urden									
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). S	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* <u>Gupta Ashwini</u>					2. Issuer Name and Ticker or Trading Symbol ENCORE CAPITAL GROUP INC [ECPG								(Ch	5. Relationship of Reporting P (Check all applicable) Director Officer (give title			rson(s) to Is 10% Ov Other (s	vner	
(Last) (First) (Middle) 350 CAMINO DE LA REINA SUITE 100					3. Date of Earliest Transaction (Month/Day/Year) 12/01/2024										belov			below)	эреспу
(Street) SAN DII (City)	EGO CA	4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person Ferson								
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	3ene	ficia	Ily Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)					d Securi Benefi	cially I Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code V Amoun		Amount	(A) (D)	or I	Price	Transa	ransaction(s) nstr. 3 and 4)			(IIISU. 4)
Common Stock 12/01/2					2024			A		559(1)	A		\$49.1	.9 5	6,180		D		
	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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities lired r osed) : 3, 4	6. Date Expirat (Month	tion Da			unt of rities rlying rative rity (Ir		3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amo or Num of Sha	ber					

1. Grant to the reporting person, for service on the Board of Directors of Encore Capital Group, Inc. ("Encore"), of deferred stock units under the terms of a non-employee director deferred compensation plan established under the 2017 Incentive Award Plan. Deferred stock units will be converted into shares of Encore common stock on a one-for-one basis upon distribution. The distribution of shares of common stock will occur within 10 business days following the fifth anniversary of the date the reporting person is no longer a member of the Board of Directors

Remarks:

/s/ Michael Chin, Attorney-in-Fact for Ashwini Gupta

12/03/2024

** 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.