FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1								
	OMB APPROVAL							
	OMB Number:	3235-0104						
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	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*  Teets John Christopher		<u>r</u> (r	2. Date of Event Requiring Statement (Month/Day/Year) 05/11/2007  3. Issuer Name and Ticker or Trading Symbol ENCORE CAPITAL GROUP INC [ ECPG ]								
(Last) (First) (Middle) 10100 SANTA MONICA BOULEVARD					4. Relationshi (Check all app X Direc	•	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 925					Office below	er (give title w)	Other (spe below)	,   0.	Individual or Join	t/Group Filing (Check	
(Street)									X Form filed b	y One Reporting Person	
LOS ANGELES	CA	90067							Form filed b Reporting P	by More than One Person	
(City)	(State)	(Zip)									
		Т	able I - Non	-Derivati	ve Securit	ties Beneficiall	y Owned				
1. Title of Secui	ity (Instr. 4)	Т	able I - Non	2.	Amount of S		3. Ownersh Form: Direct or Indirect (Instr. 5)	cṫ (D)   (Ins	lature of Indirect tr. 5)	t Beneficial Ownership	
1. Title of Secur	ity (Instr. 4)		Table II - D	2. Be	Amount of Seneficially Ov	Securities	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D) (Ins		t Beneficial Ownership	
Title of Secur     Title of Derive	,	(e.ç	Table II - D	Derivative S, warrantisable and	Amount of Seneficially Over Securitients, option  3. Title and	Securities wned (Instr. 4) s Beneficially (	3. Ownersh Form: Direct or Indirect (Instr. 5)  Owned securitie	ct (D) (Ins	5. Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ John Christopher Teets 05/21/2007

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).