

CHISM DANIEL M  
Form 5  
November 14, 2005

# FORM 5

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  
Form 3 Holdings Reported Form 4 Transactions Reported

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person \*  
CHISM DANIEL M

2. Issuer Name and Ticker or Trading Symbol  
EZCORP INC [EZPW]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
Assistant Secretary

(Last) (First) (Middle)  
  
1901 CAPITAL PKWY  
  
(Street)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  
09/30/2005

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting (check applicable line)

AUSTIN, TX 78746

Form Filed by One Reporting Person  
 Form Filed by More than One Reporting Person

(City) (State) (Zip)

**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)	(A) or (D)	Price	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Class A Non-Voting Common Stock	03/07/2005	Â	J	42 <sup>(1)</sup>	D	\$ 14.662	867.039	I	EZCORP, Inc. 401(K)
Class A Non-Voting Common Stock	03/31/2005	Â	J	82.636 <sup>(1)</sup>	A	\$ 18.16	949.675	I	EZCORP, Inc. 401(K)
	04/01/2005	Â	J		A		919.96	I	

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Class A Non-Voting Common Stock				0.285 <u>(1)</u>	\$	14.281				EZCORP, Inc. 401(K)
Class A Non-Voting Common Stock	04/06/2005	Â	J	0.278 <u>(1)</u>	A	\$ 16.16	950.238	I		EZCORP, Inc. 401(K)
Class A Non-Voting Common Stock	Â	Â	Â	Â	Â	Â	8,000	D	Â	

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

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(9-02)

**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)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. of D S B O E I F (I
						Date Exercisable	Expiration Date	Title	Amount or Number of Shares
					(A) (D)				

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
CHISM DANIEL M 1901 CAPITAL PKWY AUSTIN, TX 78746	Â	Â	Â Assistant Secretary	Â

## Signatures

/s/ Laura Jones  
Attorney-in-Fact

11/14/2005

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

\* 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).

This report is voluntary. The sole purpose of this report is to disclose EZCORP'S matching contributions pursuant to EZCORP, Inc.

(1) 401(k) Plan and Trust (the "Plan"). The disposition of stock reflects a forfeiture of shares of stock pursuant to the terms of the Plan. The information in this report is based on a plan statement dated as of April 15, 2005.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.