FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

0.5

hours per response:

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 * Date Rajeev V | | | | | 2. Issuer Name and Ticker or Trading Symbol GREEN DOT CORP [GDOT] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|---|-----------|---|---|--|-------|---|---------|-----------------------|---|------------------------------|---|---|---|---|---------------------|--|
| Date Rajeev v | | | | | | | | | | | | | | X | Direc | ctor | 1 | 0% O | wner |
| (Last) (First) (Middle) 3465 E. FOOTHILL BLVD. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/11/2017 | | | | | | | | | Office | er (give title w) | | Other (sp below) | |
| 0.00 2.1 | OUTTILL | 22,2, | | | 4 If | Amon | dmont | Doto | of Origin | ol Filo | d (Month/Da | w/Voor) | | 6 India | idual a | r Joint/Group | Filing (Ch | ook A | anliaahla |
| (Street) | | | | | 4. 11 | Amen | ument, | Date | or Origin | ai File | u (Month/Da | ty/ rear) | | Line) | | | Ŭ (| | |
| PASADENA CA 91107 | | | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Pers | on | | · | Ū |
| | | Tabl | e I - N | on-Deriva | ative | Sec | uritie | s Ac | quirec | l, Di | sposed o | f, or B | enefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) 4. Securities Acc Disposed Of (D) | | | s Acquir of (D) (Ins | ed (A) or str. 3, 4 ar | and 5) Secui Bene Owne | | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code V | | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Class A Common Stock 08/11/20 | | | | | 017 |)17 | | S | | 4,674 | D | \$45. | 4545 | | 2,889 | | | | |
| | | Та | ıble II - | | | | | | | | osed of, convertib | | | | vned | | | | |
| 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 Expirat (Month | ion Da | | And 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | Deriv Secu (Inst | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | ahla | Expiration Date | Title | or Number of Shares | | | | | | |

Explanation of Responses:

Remarks:

/s/ Lina Davidian as attorney-08/15/2017 in-fact for Rajeev V. Date

** 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.