FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | .C. 20549 |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|-----------|
| | | | |

OMB APPROVAL 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).

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* <u>Lockwood Kristina S</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol GREEN DOT CORP [GDOT] | | | | | | | | | k all app Direc | ship of Reportin applicable) irector fficer (give title | | 10% O | |
|---|--|--|-----------------|----------|---|---|---|--|--|-------------------------|---|--------------------|--|------------------------------------|---|---|---|--|--|
| (Last) (First) (Middle) 3465 EAST FOOTHILL BOULEVARD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2022 | | | | | | | | | below | below) General Counse | | below) | · |
| (Street) PASADE | ENA CA | A 9 | 1107 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) X | , | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefi | cially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 5) | | | | 4 and Secu Bene | | rities ficially ed Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) ((D) | or Pric | ce | Tuomanation(a) | | | | (iii3ti. 4) | |
| Class A Common Stock 03/11/ | | | 03/11/2 | 2022 | | | F | | 161(1) | 161 ⁽¹⁾ D \$ | | 5.08 | 3 24,576 | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disp of (D | r osed) r. 3, 4 | 6. Date Exerci Expiration Da (Month/Day/Ye | | te Amou (ear) Securi Under Deriva Securi 3 and | | int of rities rlying ative rity (Instr 4) Amour or Numbe | Dei See (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | of Shares | | | | | | |

Explanation of Responses:

1. Represents shares of Class A Common Stock that have been withheld by the issuer to satisfy its income tax withholding and remittance obligations in connection with the net settlement of the RSUs, based on a price of \$25.08 per share, which represented the closing price of the issuer's Class A Common Stock on March 11, 2022, and does not represent a sale by the reporting person.

Remarks:

/s/ Kristen Juhan as attorneyin-fact for Kristina Lockwood

03/15/2022

** 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.