FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|----------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average bu | ırden | | | | | | | | |

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* SHAHEEN GEORGE T | | | | | | 2. Issuer Name and Ticker or Trading Symbol GREEN DOT CORP [GDOT] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|--|--|---|--|---|---|-----------|----------|--|---------|---|----------|--------------------------------|--|---|---|--|--------|-----------|--|
| , | | <u> </u> | | | 3. Da | ate of | Earlies | st Trans | action (N | lonth/l | Dav/Year) | | | _ | | er (give title | | | specify | |
| (Last) (First) (Middle) 86 FLOOD CIRCLE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2019 | | | | | | | | | | belo | w) | | below) | | |
| (Street) ATHERT | ON CA | \ 9 |)4027 | | 4. If . | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. In Line | Forn | ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | ate) (2 | Zip) | | | | | | | | | | | | reis | | | | | |
| | | Tabl | e I - Nor | n-Deriva | ative | Sec | uritie | s Acc | quired, | Dis | posed o | f, or I | 3ene | ficiall | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | action 2A. Deemed Execution Da if any (Month/Day/Y | | n Date, | Code (Ins | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | Secur Benef Owner | icially d Following | 6. Own Form: I (D) or I (I) (Inst | Direct ndirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A (D |) or) | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (11150.4) | |
| Class A Common Stock | | | | 05/23 | 3/2019 | | | | A | | 5,156 ⁽¹ | (1) A | | \$0.00 | 27,988 | | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date E Expiratio (Month/D | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | Price of erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |

Explanation of Responses:

1. Represents shares of Class A Common Stock underlying a restricted stock unit award that will vest as to all underlying shares on the date of the 2020 annual stockholders meeting.

Remarks:

/s/ Lina Davidian as attorneyin-fact for George T. Shaheen

05/24/2019

** Signature of Reporting Person

Date

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

- * 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.