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 | hurden | | | | | | | | |

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* <u>Unruh Jess</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol GREEN DOT CORP [GDOT] | | | | | | | | | | Check al | | icable) | ng Pers | Person(s) to Issuer 10% Owner | | |
| (Last) (First) (Middle) 3465 EAST FOOTHILL BOULEVARD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/05/2018 | | | | | | | | | | | | Officer (give title pelow) Chief Account | | unting | Other (specify below) ting Officer | | |
| (Street) PASADE | PASADENA CA 91107 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | le I - Nor | n-Deriv | /ative | e Se | curit | es Ac | quire | d, Di | spo | osed o | f, or | Bene | eficia | ally O | vne | d | | | | |
| Date | | | | | e nth/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Cod | Transaction Dispose Code (Instr. 5) | | Disposed | rities Acquired (A) ed Of (D) (Instr. 3, | | | 4 and Secu Bene Own | | urities eficially ned Following | | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | le V | , | Amount | | A) or O) | Price | , Tr∂ | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Class A Common Stock 06/0 | | | | | | 8 | | | S ⁽¹ |) | | 2,447 | , | D | \$7 | 75 | 104,052 | | | D | | |
| Class A Common Stock 06/0 | | | | | | 06/06/2018 | | | S ⁽¹ |) | | 3,218 | 3 | D | \$7 | 75 | 100,834 | | | D | | |
| | | Та | able II - E | | | | | | | | | ed of, one | | | | y Own | ed | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemond Execution if any (Month/Da | Date, | Date, Transaction Code (Inst | | n of | | Expira | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivat Securit (Instr. 5 | ive (| 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Ownership Form: Direct (D) or Indirect | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Exp Dat | piration te | Title | or | ount nber res | | | | | | | |

Explanation of Responses:

1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 30, 2017.

Remarks:

/s/ Lina Davidian as attorney-06/06/2018 in-fact for Jess Unruh

** 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.