FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 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).

## 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* WHITSON CLAY M          |  |                           |   | <u>i3 V</u>  | 2. Issuer Name and Ticker or Trading Symbol  3 Verticals, Inc. [ IIIV ] |   |         |   |   |                |                         |   | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner   |   |   |                         |   |  |  |
|--|--|---------------------------|---|--|---|---|---------|---|---|----------------|-------------------------|---|---|---|---|-------------------------|---|--|--|
| (Last) 40 BUR  | (Fi  | rst) (                    | 3. Date of Earliest Transaction (Month/Day/Year) 06/20/2018 |  |   |   |         |   |   |                | X                       | X Officer (give title below)  Chief Fina                                |   |   | Other (spe<br>below)<br>ncial Officer                                     |                         |   |  |  |
| SUITE 415  |  |                           |   |  |   | 4. If Amendment, Date of Original Filed (Month/Day/Year) 06/25/2018 |         |   |   |                |                         |   |   | 6. Individual or Joint/Group Filing (Check Applicable Line)                       |   |                         |   |  |  |
| (Street) NASHVI  | reet)<br>ASHVILLE TN 37215   |                           |   |  |   |   |         |   |   |                |                         |   |   | X Form filed by One Reporting Person Form filed by More than One Reporting Person |   |                         |   |  |  |
| (City)   | (S   | tate) (                   | Zip)  |  |   |   |         |   |   |                |                         |   |   |   |   |                         |   |  |  |
|  |  | Tab                       | le I - N  | on-Deriv   | ative S   | Sec   | urities | Acc   | quired, D   | ispo           | osed of,                | or Ber  | eficially   | Owned   |   |                         |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/ |  |                           |   |  | ·   | Execution Date,   |         |   | 3. Transaction Code (Instr.) 8) 4. Securities Acquire Disposed Of (D) (Instance) and 5) |                |                         |   | . 3, 4 Securitie<br>Benefici<br>Owned   |   | Form:<br>(D) or<br>Indire   | Direct                  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |
|  |  |                           |   |  |   |   |         | Code  | v   | Amount         | (A) or<br>(D)           | Price   | Following Reported Transaction(s) (Instr. 3 and 4)  |   | (Instr. 4)  |                         | (Instr. 4)  |  |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                           |   |  |   |   |         |   |   |                |                         |   |   |   |   |                         |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any   |                           |   | 5. Number of Code (Instr. b) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |   |   |         | 6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title an Amount o Securities Underlyin Derivative Security (I and 4) |   |                | of<br>es<br>ing<br>/e   | 8. Price<br>of<br>Derivative<br>Security<br>(Instr. 5)                  | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) |   | 10.<br>Ownershi<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr.<br>4) | Beneficial<br>Ownership |   |  |  |
|  |  |                           |   | Code   | v   | (A)   | (D)     | Date<br>Exercisable   |   | piration<br>te | Title                   | Amount<br>or<br>Number<br>of<br>Shares                                  |   |   |   |                         |   |  |  |
| Stock<br>Option<br>(Right to<br>Buy)                             | \$13   | 06/20/2018 <sup>(1)</sup> |   |  | A   |   | 100,000 |   | (2)   | 06/            | /20/2028 <sup>(1)</sup> | Class A<br>common<br>stock,<br>par<br>value<br>\$0.0001<br>per<br>share | 100,000   | \$0.00  | 100,00  | 00                      | D   |  |  |

## Explanation of Responses:

- $1. \ This \ Amendment \ is \ provided \ to \ revise \ the \ Transaction \ Date \ in \ Column \ 3 \ and \ the \ Expiration \ Date \ in \ Column \ 6.$
- 2. The option vests ratably in three equal annual installments beginning on the first anniversary of the grant date, subject to the Reporting Person's continued service with i3 Verticals, Inc.

## Remarks:

/s/ Paul Maple, Attorney-in-Fact for Clay M. Whitson

\*\* Signature of Reporting Person

08/17/2018

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.