STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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
   Dale Ajmere
   1455 MARKET STREET, SUITE 600
   SAN FRANCISCO, CA 94103

2. Issuer Name and Ticker or Trading Symbol
   Square, Inc. [ SQ ]

3. Date of Earliest Transaction (MM/DD/YYYY)
   12/1/2019

4. If Amendment, Date Original Filed (MM/DD/YYYY)

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   _____ Director
   ____ 10% Owner
   X Officer (give title below)  ___ Other (specify below)
   Chief Accounting Officer

6. Individual or Joint/Group Filing (Check Applicable Line)
   X Form filed by One Reporting Person
   ___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| Class A Common Stock | 12/1/2019 | F | 4029 | D | $69.12 | 57109 |

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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Explanation of Responses:
(1) Represents shares that have been withheld by the Issuer to satisfy its income tax and withholding and remittance obligations in connection with the net settlement of restricted stock units and does not represent a sale by the Reporting Person.

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
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<th>Relationships</th>
</tr>
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<tbody>
<tr>
<td>Dale Ajmere</td>
<td>Director</td>
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<td>1455 MARKET STREET, SUITE 600</td>
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Signatures

/s/ Shahzia Rahman, Attorney-in-Fact 12/3/2019

Signature of Reporting Person

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).


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 control number.