UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549  
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*  
Whiteley Sivan  
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)  
11/2/2020  

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

5. Relationship of Reporting Person(s) to Issuer  
(Check all applicable)  

2A. Deemed Execution Date, if any  

3. Trans. Code (Instr. 8)  

5. Amount of Securities Beneficially Owned Following Reported Transaction(s)  

6. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)  

7. Nature of Indirect Beneficial Ownership (Instr. 4)  

1. Title of Security (Instr. 3)  
Class A Common Stock  

2. Trans. Date  
11/2/2020  

3. Trans. Code (Instr. 8)  
S  

4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  
2938  
A  

5. Price of Derivative Security (Instr. 5)  
$158.00  

6. Date Exercisable and Expiration Date  

7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  

8. Price of Derivative Security (Instr. 5)  

9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)  

10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)  

11. Nature of Indirect Beneficial Ownership (Instr. 4)  

Explanation of Responses:  
(1) The sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan.  

Reporting Owners  
Reporting Owner Name / Address  
Whiteley Sivan  
1455 MARKET STREET  
SUITE 600  
SAN FRANCISCO, CA 94103  

Relationships  
Director 10% Owner Officer  
Gen. Counsel & Corp. Secretary  

Signatures  
/s/ Susan Szotek, Attorney-in-Fact  
11/4/2020  

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.