1. Name and Address of Reporting Person *

Dale Ajmere

(Second) (First) (Middle)

1455 MARKET STREET, SUITE 600

SAN FRANCISCO, CA 94103

2. Issuer Name and Ticker or Trading Symbol

Square, Inc. [ SQ ]

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

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

4/1/2019

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

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

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
<th>Securities Acquired (A) or Disposed of (D)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A Common Stock</td>
<td>4/1/2019</td>
<td>F</td>
<td>D</td>
<td>433</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title of Derivative Security</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Trans. Date</th>
<th>Trans. Code</th>
<th>Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
<th>Price of Derivative Security</th>
</tr>
</thead>
</table>

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>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dale Ajmere</td>
<td>Director</td>
</tr>
<tr>
<td>1455 MARKET STREET, SUITE 600</td>
<td>10% Owner</td>
</tr>
<tr>
<td>SAN FRANCISCO, CA 94103</td>
<td>Officer</td>
</tr>
<tr>
<td></td>
<td>Chief Accounting Officer</td>
</tr>
</tbody>
</table>

Signatures


**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.