1. Name and Address of Reporting Person
   Friar Sarah
   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)
   11/15/2016

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

5. Relationship of Reporting Person(s) to Issuer
   X Officer (give title below)

6. Individual or Joint/Group Filing
   X Form filed by One Reporting Person

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Trans. Code (Instr. 8)</th>
<th>V</th>
<th>Amount (A) or (D)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class A Common Stock</td>
<td>11/15/2016</td>
<td>V</td>
<td>2042</td>
<td>A</td>
<td>$7.65</td>
</tr>
</tbody>
</table>

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<tr>
<th>Title of Derivative Security (Instr. 3)</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Trans. Date</th>
<th>Trans. Code (Instr. 8)</th>
<th>V</th>
<th>Amount (A) or (D)</th>
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</tr>
</tbody>
</table>

Explanation of Responses:

Reporting Owners

Reporting Owner Name / Address
Friar Sarah
1455 MARKET STREET
SUITE 600
SAN FRANCISCO, CA 94103

Relationships
Chief Financial Officer

Signatures
/s/ Laura Reis, Attorney-in-Fact
11/17/2016

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.