

# FORM 4

[ ] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL  
OMB Number: 3235-0287  
Estimated average burden  
hours per response... 0.5

## 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 * <b>HAAHR J TYLER</b>  (Last) (First) (Middle) <b>C/O META FINANCIAL GROUP, INC., 5501 SOUTH BROADBAND LANE</b>  (Street) <b>SIOUX FALLS, SD 57108</b>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <b>META FINANCIAL GROUP INC [CASH]</b>  3. Date of Earliest Transaction (MM/DD/YYYY) <b>1/25/2016</b>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <b>Chairman of the Board</b> <input type="checkbox"/> Other (specify below)
4. If Amendment, Date Original Filed (MM/DD/YYYY)		6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	1/25/2016		A		370	A	\$0.00	88263	I	By Trust
Common Stock								59860	D	
Common Stock								324	I	By Spouse
Common Stock								17684.4788	I	By ESOP

Table II - Derivative Securities Beneficially Owned ( e.g. , puts, calls, warrants, options, convertible securities)															
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$31.79							9/30/2010	9/30/2020	Common Stock	6595		6595	D	
Stock Option (Right to Buy)	\$23.01							9/30/2009	9/30/2019	Common Stock	8449		8449	D	
Stock Option (Right to Buy)	\$16.00							9/30/2008	9/30/2018	Common Stock	15766		15766	D	
Stock Option (Right to Buy)	\$39.84							9/28/2007	9/28/2017	Common Stock	7155		7155	D	
Stock Option (Right to Buy)	\$24.43							9/29/2006	9/29/2016	Common Stock	8940		8940	D	

Explanation of Responses:  
(1) Award pursuant to the Company's 2002 Omnibus Incentive Plan.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
HAAHR J TYLER C/O META FINANCIAL GROUP, INC. 5501 SOUTH BROADBAND LANE SIOUX FALLS, SD 57108	X		Chairman of the Board	

Signatures

Signature of Reporting Person

Date \_\_\_\_\_

\* 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.