

PAYPAL HOLDINGS, INC.

Reported by SARNOFF ANN

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/25/18 for the Period Ending 05/23/18

Address 2211 NORTH FIRST STREET

SAN JOSE, CA, 95131

Telephone (408) 967-7400

CIK 0001633917

Symbol PYPL

Fiscal Year 12/31





[] 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 *					2. I	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Sarnoff Ann					Pa	PayPal Holdings, Inc. [PYPL]								,				
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							X _ Director10% Owner Officer (give title below) Other (specify below)						
C/O PAYPAL HOLDINGS, INC., 2211 NORTH FIRST STREET						5/23/2018							Officer (grv	e title below	0	uici (specify	ociow)	
	(Stre	eet)			4. I	f An	nendmei	nt, Date O	rigin	al Fil	ed (MM/D	D/YY	YY)	6. Individual o	or Joint/G	roup Filing (Check Appl	icable Line)
SAN JOSE,	CA 9513 ity) (Sta		ip)											_X _ Form filed b		rting Person One Reporting P	erson	
			Table	I - Non	-Der	ivati	ive Secu	rities Acc	quire	ed, Di	sposed o	of, or	Be	eneficially Owne	ed			
1.Title of Security (Instr. 3) 2. Trans. D				Date			3. Trans. Co (Instr. 8)	or Dispos			sed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
								Code	V	Amou	(A) o	r Pri	ice					(Instr. 4)
Common Stock				5/23/20	18			A		3392	<u>(1)</u> A	\$0.	.0	1	10037		D	
	Tab	le II - Der	ivative	Securi	ties I	Bene	ficially	Owned (e.g. ,	, puts,	calls, w	arrai	nts,	, options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	Execution	A. Deemed (Instruction pate, if any		Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date					s Underlying ve Security	nderlying Derivative Security Security		Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Cc	Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title		mount or Number of ares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

Explanation of Responses:

(1) The reporting person has received a fully vested stock payment award for shares of the Company common stock. Pursuant to the Company's Independent Director Compensation Policy, the reporting person has been granted a fully vested stock payment award for common stock promptly following the Company's annual meeting of stockholders. The number of shares of common stock granted represents the quotient of (A) \$275,000 divided by (B) the Company's closing stock price on the date of grant, rounded up to the nearest whole share of common stock.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Sarnoff Ann C/O PAYPAL HOLDINGS, INC. 2211 NORTH FIRST STREET	X						
SAN JOSE, CA 95131							

Signatures

By: Brian Yamasaki For: Ann M. Sarnoff

**Signature of Reporting Person

Date

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).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.