FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF 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*  RICHEY ELLEN			2. Date of E Requiring S (Month/Day 04/26/202	tatement /Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol USA TECHNOLOGIES INC [ USAT ]				
(Last) 100 DEERF	(Last) (First) (Middle) 100 DEERFIELD LANE		_		4. Relationship of Reporting Issuer (Check all applicable)		Owner 6. (Cl	5. If Amendment, Date of Original Filed (Month/Day/Year)	
SUITE 300					X Director Officer (give title below)	10% C Other below)		Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person	
(Street) MALVERN PA 193		19355							
(City)	(State)	(Zip)							
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr.			l. Nature of Indirect Beneficial Ownership (Instr. 5)	
					4)	(D) or li	ndirect	(	
				erivative		(D) or li (I) (Inst	ndirect r. 5)		<b>-</b>
1. Title of Deri	vative Security	(e.g.,		erivative s, warrar sisable and	Securities Beneficiants, options, convert	(D) or li (I) (Insti ally Owr ible sec	ndirect r. 5)	5. ion Ownership	6. Nature of Indirect Beneficial Ownership (Instr. 5)

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ Ellen Richey

05/01/2020

\*\* 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 5 (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 Number.